

AD-A246 806



2

NAVAL POSTGRADUATE SCHOOL

Monterey, California



DTIC
ELECTE
MAR 04 1992
S D

THESIS

MILITARY HEALTH CARE SYSTEM: COMPARING
OBSTETRICS COSTS BETWEEN A MILITARY TREATMENT
FACILITY AND CHAMPUS

by

Julito Pedrozo Laluan

September, 1991

Thesis Advisor:

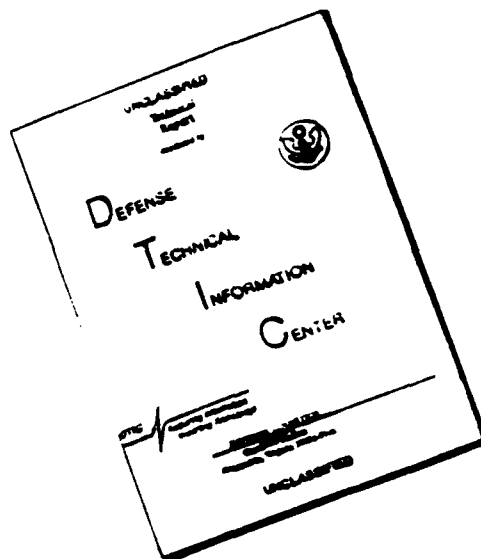
Dr. Dan Trietsch

Approved for public release; distribution is unlimited

92 3 02 058

92-05290
■■■■■■■■■■

DISCLAIMER NOTICE



THIS DOCUMENT IS BEST
QUALITY AVAILABLE. THE COPY
FURNISHED TO DTIC CONTAINED
A SIGNIFICANT NUMBER OF
PAGES WHICH DO NOT
REPRODUCE LEGIBLY.

Unclassified

SECURITY CLASSIFICATION OF THIS PAGE

REPORT DOCUMENTATION PAGE				
1a. REPORT SECURITY CLASSIFICATION UNCLASSIFIED			1b. RESTRICTIVE MARKINGS	
2a. SECURITY CLASSIFICATION AUTHORITY			3. DISTRIBUTION/AVAILABILITY OF REPORT Approved for public release; distribution is unlimited.	
2b. DECLASSIFICATION/DOWNGRADING SCHEDULE				
4. PERFORMING ORGANIZATION REPORT NUMBER(S)			5. MONITORING ORGANIZATION REPORT NUMBER(S)	
6a. NAME OF PERFORMING ORGANIZATION Naval Postgraduate School		6b. OFFICE SYMBOL (If applicable) 36	7a. NAME OF MONITORING ORGANIZATION Naval Postgraduate School	
6c. ADDRESS (City, State, and ZIP Code) Monterey, CA 93943-5000			7b. ADDRESS (City, State, and ZIP Code) Monterey, CA 93943-5000	
8a. NAME OF FUNDING/SPONSORING ORGANIZATION		8b. OFFICE SYMBOL (If applicable)	9. PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER	
8c. ADDRESS (City, State, and ZIP Code)			10. SOURCE OF FUNDING NUMBERS	
			Program Element No	Project No
			Task No	Work Unit Accession Number
11. TITLE (Include Security Classification) MILITARY HEALTH CARE SYSTEM: COMPARING OBSTETRICS COSTS BETWEEN A MILITARY TREATMENT FACILITY AND CHAMPUS (Unclassified)				
12. PERSONAL AUTHOR(S) Laluan, Julito P.				
13a. TYPE OF REPORT Master's Thesis		13b. TIME COVERED From To	14. DATE OF REPORT (year, month, day) September, 1991	15. PAGE COUNT 76
16. SUPPLEMENTARY NOTATION The views expressed in this thesis are those of the author and do not reflect the official policy or position of the Department of Defense or the U.S. Government.				
17. COSATI CODES			18. SUBJECT TERMS (continue on reverse if necessary and identify by block number)	
FIELD	GROUP	SUBGROUP	Obstetrics Recapture, Cost Analysis: Obstetrics, Obstetrics Costs Comparison: MTF and CHAMPUS.	
19. ABSTRACT (continue on reverse if necessary and identify by block number) For more than three decades, two systems or programs have provided health care for military beneficiaries: (1) the direct care system, whereby beneficiaries obtain health care services from military treatment facilities (MTFs), and (2) CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), a health program in which beneficiaries receive care from civilian facilities. The high cost to DoD of supplying inexpensive medical care, as well as concern over timeliness of service, has prompted many suggestions for reforming the military health care system. Based on the above, the objective of this research is to compare costs between a military treatment facility and CHAMPUS and to determine whether a given MTF can provide inpatient care to its beneficiaries at lower cost than through CHAMPUS. By comparing MTF and CHAMPUS costs, a given MTF can identify those specialty areas in which to reduce costs either by increasing workload (use of recapture and/or normal increase of appointments) or increasing referrals to outside health care providers.				
20. DISTRIBUTION/AVAILABILITY OF ABSTRACT <input checked="" type="checkbox"/> UNCLASSIFIED/UNLIMITED <input type="checkbox"/> SAME AS REPORT <input type="checkbox"/> DTIC USERS			21. ABSTRACT SECURITY CLASSIFICATION Unclassified	
22a. NAME OF RESPONSIBLE INDIVIDUAL Dr. Dan Trietech			22b. TELEPHONE (Include Area code) 408-646-2456	22c. OFFICE SYMBOL AS/TR

DD FORM 1473, 84 MAR

83 APR edition may be used until exhausted
All other editions are obsoleteSECURITY CLASSIFICATION OF THIS PAGE
Unclassified

Approved for public release; distribution is unlimited.

Military Health Care System: Comparing Obstetrics Costs Between A Military
Treatment Facility And CHAMPUS

by

Julito P. Laluan

Lieutenant, United States Navy

B.S., University of the State of New York, Albany, 1978

M.A., National University, San Diego, 1987

Submitted in partial fulfillment
of the requirements for the degree of

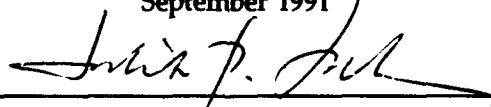
MASTER OF SCIENCE IN MANAGEMENT

from the

NAVAL POSTGRADUATE SCHOOL

September 1991

Author:


Julito P. Laluan

Approved by:



Dr. Dan Trietsch, Thesis Advisor



LCDR Ken Steiner, USN, Second Reader



Dr. David Whipple, Chairman
Department of Administrative Sciences

ABSTRACT

For more than three decades, two systems or programs have provided health care for military beneficiaries: (1) the direct care system, whereby beneficiaries obtain health care services from military treatment facilities (MTFs), and (2) CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), a health program in which beneficiaries receive care from civilian facilities. The high cost to DoD of supplying inexpensive medical care, as well as concern over timeliness of service, has prompted many suggestions for reforming the military health care system. Based on the above, the objective of this research is to compare costs between a military treatment facility and CHAMPUS and to determine whether a given MTF can provide inpatient care to its beneficiaries at lower cost than through CHAMPUS. By comparing MTF and CHAMPUS costs, a given MTF can identify those specialty areas in which to reduce costs either by increasing workload (use of recapture and/or normal increase of appointments) or increasing referrals to outside health care providers.



Accession For	
NTIS GRA&I	<input checked="" type="checkbox"/>
DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification	
By	
Distribution /	
Availability Codes	
Dist	Avail and/or Special
A-1	

TABLE OF CONTENTS

I.	INTRODUCTION	1
A.	BACKGROUND	1
B.	OBJECTIVES OF THE RESEARCH	2
C.	RESEARCH QUESTION	3
D.	SCOPE	4
E.	METHODOLOGY	5
II.	THE MILITARY HEALTH CARE	6
A.	OVERVIEW	6
B.	THE MILITARY HEALTH CARE SYSTEM AND ITS PROBLEMS	6
C.	UNDERSTANDING MILITARY HEALTH CARE	7
D.	ACTIVE DUTY DEPENDENTS	8
E.	RETIREEES' AND THEIR DEPENDENTS	9
F.	OTHER HEALTH CARE SERVICES	10
III.	THE CHAMPUS PROGRAM	12
A.	BACKGROUND	12
B.	THE CHAMPUS PROGRAM AND ITS PROBLEMS	12
C.	HOW CHAMPUS PROGRAM WORKS	13
D.	THE CHAMPUS REFORM INITIATIVE	15

IV. METHODOLOGY	17
A. SOURCES OF DATA	17
B. OVERVIEW OF MEPRS	17
C. CALCULATING COSTS USING PATIENT TREATMENT PROTOCOLS	20
D. MEPRS DATA	20
E. CHAMPUS COST DATA	22
F. METHODOLOGY APPLICATION	22
V. DISCUSSION AND ANALYSIS	25
A. CHAPTER OVERVIEW	25
B. ANALYSIS	26
VI. CONCLUSIONS AND RECOMMENDATIONS	32
A. CONCLUSIONS	32
B. RECOMMENDATIONS	34
APPENDIX A (PERFORMANCE DESCRIPTIONS)	36
APPENDIX B (OCCUPIED BED DAY DATA)	37
APPENDIX C (DIRECT EXPENSE REPORT)	38
APPENDIX D (STEPDOWN SCHEDULE)	39
APPENDIX E (FINAL PURIFICATION REPORT)	42

APPENDIX F (COMPUTATION SUMMARY)	43
APPENDIX G (INPATIENT NAS REPORT)	44
APPENDIX H (HEALTH CARE SUMMARY)	61
APPENDIX I (SUMMARY OF COSTS/WORKLOAD)	65
APPENDIX J (INPATIENT SPECIALTY)	66
APPENDIX K (GLOSSARY)	67
LIST OF REFERENCES	68
INITIAL DISTRIBUTION LIST	69

I. INTRODUCTION

A. BACKGROUND

Champus is the Civilian Health and Medical Program of the Uniformed Services, a Department of Defense program for reimbursing individuals and health care providers for services provided for eligible beneficiaries and retirees. It picks up most of the costs for treatment in civilian medical facilities when military hospitals and clinics are too distant or busy. Basically, the dependents of active-duty members, retirees and their dependents under 65, some former spouses of service members, and certain survivors can use CHAMPUS. So may the families of reserve and National Guard members called to active duty. After paying an annual deductible, beneficiaries of active duty members are responsible for 20% of allowable charges for outpatient care and a small daily fee or \$25.00 whichever is higher for inpatient care. Additionally, beneficiaries of retirees pay 25% for outpatient and inpatient care (after paying an annual deductible). However, some people are not eligible for CHAMPUS, such as active-duty military, parents, parents-in-law, and most persons eligible for Medicare hospitalization insurance.[Ref. 1:pp. 11-14]

For the past decade, the CHAMPUS budget has grown substantially as a result of several factors. First, the

Department of Defense has expanded in size significantly, resulting in a greater number of military personnel whose medical care is the responsibility of the military. Second, there is a rise in total national health care expenditures [Ref. 2:p. I-3,5]. These costs have grown excessively when compared to the acceptable level of inflation, as both personnel costs and technology related with health care services have increased. Also, there is a substantial number of service personnel entering the military with dependents compared to previous years. These additional dependents, especially children, have a tremendous need for medical services. Consequently, this need for health care far exceeds the capacity of overburdened military facilities.

B. OBJECTIVES OF THE RESEARCH

For more than three decades, two systems have provided health care for U.S. military beneficiaries: (1) the direct care system, whereby beneficiaries obtain health care services from military treatment facilities (MTF's), and (2) CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), a health program in which eligible beneficiaries receive care from civilian facilities.[Ref. 9:p. v)

The Department of Defense (DoD) now spends approximately \$5 billion a year on medical services. About \$4 billion of this spending covers most of the military treatment facilities (MTF). The cost to DoD of supplying inexpensive medical care,

as well as concern over timeliness of service, has prompted many suggestions for reforming the military health care system.

For the past 10 years, CHAMPUS costs have increased significantly. In spite of the higher costs, CHAMPUS is not adequate nor fully acceptable because of its coverage limitations, high out-of-pocket costs compared to other forms of insurance, and program complexity.[Ref. 3:p. 1]

Based on the above, the objective of this research is to compare MTF and CHAMPUS costs and to determine whether a given MTF can provide inpatient care to its beneficiaries at lower cost than through CHAMPUS. The analysis provides a method of calculating MTF specialty cost per admission that can be compared to the equivalent specialty cost reported by CHAMPUS.

C. RESEARCH QUESTION

The primary question of the thesis is: Can we use inpatient treatment protocols as a basis or methodology for comparing costs between CHAMPUS and an MTF.

A subsidiary question is:

1. Will it be cost-effective to treat beneficiaries in military treatment facilities?

D. SCOPE

This thesis will concentrate on two localized areas: (1) Fort Ord Army Hospital (an MTF) in California, and (2) a localized area called catchment¹, in the vicinity of the military treatment facility. In order for the beneficiaries to use CHAMPUS, they must first obtain an NAS (non-availability statement) that the MTF cannot provide the required care.

The analysis and comparison of costs will be limited to a particular inpatient specialty or procedure, Obstetrics, which FT Ord can provide.

Within the financial records for the catchment area and Fort Ord Army Hospital, the procedure for analysis will focus on Obstetrics costs which were paid for by using CHAMPUS funds in 1990. This is the most recent year for which complete set and relevant data exists. Consequently, and for consistency, the costs to be used for the Ft Ord-MTF (Obstetrics) will be for 1990.

¹This catchment area include all beneficiaries residing near Fort Ord (within 40 mile radius) who use CHAMPUS as their primary insurer for inpatient care.

E. METHODOLOGY

Normally, participating health care providers bill CHAMPUS, and other government agencies according to a set of standards and codes for each procedure performed.

The research uses data on cost per admission from the CHAMPUS Inpatient Availability Statement (NAS) report. The analysis concentrates on the CHAMPUS cost for NAS (Obstetrics) cases because these cases are the best candidates for recapture. The Inpatient NAS report provides the combined cost of hospital and professional services for NAS cases in 27 hospital specialties.

The MTF cost per admission for obstetrics patients is developed using data from the Medical Expense and Performance Reporting System (MEPRS). MEPRS tracks total costs (hospitalization and physician costs) and occupied bed days (OBDs) by functional work centers. MEPRS data on cost per OBD by work center can be used to calculate cost per admission given information on treatment protocols that identify the number of days the typical patient remains in each MEPRS work center. The cost of each protocol is calculated by summing the product of number of days spent in each work center and corresponding cost per OBD.

II. THE MILITARY HEALTH CARE

A. OVERVIEW

Both Chapters II and III will further explore the DoD and CHAMPUS programs. These chapters will also note some differences between the two.

B. THE MILITARY HEALTH CARE SYSTEM AND ITS PROBLEMS

For many years, military beneficiaries have enjoyed unlimited medical benefits. However, for the past decade these benefits have shrunk for many beneficiaries as the military struggles to bring health care costs under control. Economic and political realities are making it harder to fulfill promises of adequate benefits for service members, retirees, and their dependents [Ref. 4:p. 10]. In addition, deductibles have tripled for CHAMPUS beneficiaries, except for dependents of service members below grade E-5, and dental premiums have gone up as well.

These cutbacks come on top of longstanding complaints of dependents and retirees about military medicine: crowded emergency rooms, long waits for appointments and limited access to dental care. Furthermore, staff shortages have prevented some military facilities from using all their services; some operating suites and intensive care units have been closed. The war in the Persian Gulf exacerbated the

situation, adding reservists' (who were called for active duty) families to those seeking services, while pulling staff away from military hospitals.

The military medical system is confusing for most beneficiaries. Different categories of people, active duty, retirees, and the dependents of each, eligible for different benefits. What they are eligible for is not necessarily what is available at their local installation.

To cope with skyrocketing medical costs, the military is moving towards enrolling CHAMPUS-eligible beneficiaries in networks of doctors who agree to rates set by the government. The consequence is that patients would lose the freedom to choose their own health care provider but would pay less and find more medical staff accessible.[Ref. 5:pp. 12-13]

C. UNDERSTANDING MILITARY HEALTH CARE

To understand military medicine, it is important to note that active-duty individuals are treated first before others. Preservation of the fighting force is military medicine's fundamental mandate. Treatment of others comes only if medical staff and resources are available after caring for those in uniform.

Second on the list are dependents of active-duty members, including dependents of reservists on active duty. Retirees and their dependents comes last.

As with any hospital, however, the military's priority list is put aside during emergencies. No one in need of emergency medical care is turned away.

Members on active duty receive free medical care, including hospitalization, medicines, immunization shots, regular physical exams and routine dental care. Also, all military hospitals can treat any member of the seven uniformed services: the Army, Marine Corps, Navy, Air Force, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration. And active-duty members who cannot get to a military facility for emergency medical care may be treated at civilian hospitals; the government will pay the bill.

Access to the Department of Defense's medical resources is controlled by DEERS (Defense Eligibility and Enrollment Reporting System). This is the military's computerized roster of people eligible for military benefits; active-duty personnel are automatically listed and family members qualifying as dependents must also be enrolled.

D. ACTIVE DUTY DEPENDENTS

Dependents of active-duty members and activated reserves are eligible for treatment at military treatment facilities as long as they are enrolled in DEERS.

Those qualifying as dependents include:

1. The spouse and unmarried children (under 21 years of age) of active-duty members;
2. Unmarried children over 21 who receive more than 50 percent of their financial support from a military parent (limited to children with physical or mental handicap);
3. Unmarried children not yet 23 years old who are full time students at accredited colleges and who must depend on a military parent;
4. Parents or parents-in-law who live in a residence provided or maintained by their active-duty son or daughter (in-law) and who receive more than half their financial support from the service member; and
5. Unremarried widows and widowers of active duty members or retirees.[Ref. 1:p. 15-20]

Dependents can receive different kinds of medical services at military treatment facilities and this includes but is not limited to: treatment of medical and surgical conditions, physical examinations, prescriptions and non-prescription drugs, maternity and infant care, diagnostic tests and services, emergency dental care, and ambulance service when medically necessary.

E. RETIREES' AND THEIR DEPENDENTS

As with active-duty dependents, retirees and their families do not face any charges for outpatient treatment at military treatment facilities.

Enlisted members are not charged for inpatient care while retired officers and warrant officers pay a nominal fee of

\$4.90 a day for meals (for 1991). Spouses and dependents of retirees' are billed \$8.55 a day (for 1991).

Retirees are also eligible for medical care from the Department of Veterans Affairs (VA). Priority is determined as follows:

1. First priority (Category A) includes all veterans with service connected disabilities; veterans claiming exposure to Agent Orange while serving in Vietnam; and those veterans claiming exposure to ionizing radiation through occupation in Hiroshima or Nagasaki, Japan following detonation of the nuclear device or through testing of those or other such devices. Veterans such as former prisoners of war are automatically included in Category A. Also included are veterans with an annual income of \$17,240 or less if they have no dependents, or \$20,688 with one dependent, plus \$1,150 for each additional dependent. This group is considered mandatory; and
2. Discretionary care that is provided if space and resources are available, covers veterans with disabilities that are not service-connected and whose annual income is between \$17,241-\$22,986 if they have no dependents, or between \$20,689-\$28,733 with one dependent, plus \$1,150 for each additional dependent. Veterans in this category must pay a deductible equal to what is paid under Medicare, \$628 in 1991. They are also charged \$10 a day for inpatient care, \$5 a day for nursing home care, and \$26 for each outpatient visit.[Ref. 6:pp. 17-18]

F. OTHER HEALTH CARE SERVICES

In an effort to reduce and alleviate overcrowding at military treatment facilities, the services have opened a number of medical clinics. These clinics are manned by civilian health care practitioners and under contract to provide primary care to both active-duty and retired military

members and their dependents. The Navy calls its clinics NavCare; the Army and Air Force call them PRIMUS. Eligible members and their dependents may avail themselves of any of these clinics, which offer services free of charge. Services available at these clinics includes treatment for minor illnesses, routine physical exams, diagnostic services, X-rays, prescriptions and laboratory work.

Members on active duty are also entitled to a complete dental care in military dental clinics. Active-duty dependents, including dependents of recalled reservists, retirees and their dependents, in that order of priority, may receive dental care at these facilities on a space-available basis. Such care is free, except that all dependents must pay for prosthetic devices. These charges reflect the cost of the materials and not the personnel costs.

The Department of Defense also offers active-duty dependents in the U.S. and its territories dental treatment by civilian dentists through an insurance plan. The plan provides diagnostic care, oral exams, and preventive care such as fluoride treatments, through participating dentists at no additional charge. The plan pays 80 percent of the other charges and the patient pays 20 percent.[Ref. 7:pp. 1-5]

III. THE CHAMPUS PROGRAM

A. BACKGROUND

Health care for military beneficiaries is provided through a dual system: The Navy, Air Force, and Army operate 137 hospitals and numerous clinics in the U.S. and overseas. When military treatment facilities cannot provide care for all eligible beneficiaries, their health care needs may be augmented by CHAMPUS, a health insurance plan that reimburses for health care services provided by civilian doctors to military dependents and beneficiaries below the age of 65.

[Ref. 9:p. 1]

CHAMPUS was created by Congress to supplement the military's hospitals and clinics and to provide health care to retirees and their dependents who live far away from a military treatment facility.

However, CHAMPUS does not cover all medical procedures. Even in cases of treatments it does cover, CHAMPUS does not automatically reimburse patients for all costs.

B. THE CHAMPUS PROGRAM AND ITS PROBLEMS

CHAMPUS has not been without criticism. Complaints have surfaced regarding how much military families must pay and delays in reimbursement.

Increased usage, coupled with sharply rising medical costs, has led CHAMPUS running over budget in recent years. This problem is not unique to the CHAMPUS program and has been experienced by most health insurance programs covering payments to hospitals, doctors, and other health care providers. [Ref. 2:pp. I-8,9]

The CHAMPUS program was designed originally to augment the military hospitals. However, it has become more of an enhancement to the military health care system provided to service members and its eligible beneficiaries. This is evidenced by the increase in its budget and the number of claims filed. In 1989, its total DoD budget was \$2,742.1 million, up from \$2,506.3 million in 1988 [Ref. 2:p. III-3]. In 1989, the number of total claims was 11,657,348, up from 10,678,201 in 1988 [Ref. 2:p. VI-35].

C. HOW CHAMPUS PROGRAM WORKS

As with all health care programs, care is generally divided into outpatient and inpatient. Inpatient treatment occurs when an individual is admitted to a hospital with the reasonable expectation that such individual will stay at least 24 hours. Outpatient occurs in a physician's office or clinic, or during a house call.

With CHAMPUS, families are free to choose outpatient care from civilian providers with few restrictions. In the case of inpatient care, beneficiaries must have prior approval to use

a civilian hospital, or CHAMPUS will not cover the cost. However, under emergency condition this prior approval can be waived. Active-duty beneficiaries and retirees living within the catchment area of a military treatment facility must check there first to see if it can provide the treatment. Again, in emergencies, no one is turned away from a military hospital or clinic.

The catchment area was once the region within a 40-mile radius around a military treatment facility. These areas now are defined by ZIP codes. If the military hospital cannot provide inpatient care, patients may be referred to a civilian hospital. Patients are given written authorization to use civilian facility and the authorization is called a non-availability statement (DD Form 1251).

Basically, the following groups are eligible for CHAMPUS benefits: Dependents of active duty members; surviving spouses and unmarried children of service members who died while on active duty; spouses and unmarried children of reservists who are ordered to active duty for more than 30 days, and the survivors of reservists who died on active duty; member of the reserves between the ages of 60 and 65 who are qualified to receive retired pay; surviving spouses and children of deceased retirees (spouses who remarry are ineligible unless married to eligible member); and children of active-duty member or retiree up to age 21 if not married, and to 23 years old if not married and in school full time.

As a rule, CHAMPUS coverage automatically ends when a participant turns 65. Most military retirees and their dependents lose CHAMPUS eligibility when they become eligible for Social Security's Medicare program. However, retirees and their dependents keep their privilege for treatment in military hospitals.

D. THE CHAMPUS REFORM INITIATIVE

In February 1988, the DoD awarded a contract to Foundation Health Corporation (FHC) to implement the CHAMPUS Reform Initiative (CRI). Costs of running the military health care system in recent years have been escalating rapidly and exceeded \$2.7 billion in fiscal year 1989. To contain these costs and to respond to criticism regarding access to military health care, and improve coordination between military and civilian health care providers, the DoD has developed the CHAMPUS Reform Initiative.

Basically, the most important features of the CRI are the following:

1. Selection of several contractors, each responsible for the financing and delivery of CHAMPUS services in an entire area;
2. A price fixed prospectively for all covered services delivered to CHAMPUS beneficiaries in the area;
3. An alternative to current CHAMPUS, CHAMPUS Prime, that would offer improved coverage of primary care, reduced cost sharing, and simpler procedures to those

beneficiaries who enroll in the plan and use a panel of preferred civilian providers selected by the contractor;

4. A Health Care Finder to help beneficiaries obtain appointments in the military facilities, referrals to appropriate civilian providers, and medical record transfers; and
5. Resource sharing agreements between each civilian contractor and military hospital in his/her area in which the contractor agrees to provide manpower and other resources needed to increase capacity utilization within these hospitals. [Ref. 3:pp. 1-2]

The CRI is undergoing trials in two states, California and Hawaii. And if its successful, the system will be phased in to other regions of the country in the future.

IV. METHODOLOGY

A. SOURCES OF DATA

The data used for this research come from two sources. The Fort Ord Army Hospital in Fort Ord, California furnished the MEPRS cost and related data on Obstetrics care for the fiscal year 1990.

The second source was through the Office of Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS) in Aurora, Colorado. OCHAMPUS provided the Health Care Summary Report and Inpatient NAS Reports. The Health Care Summary Report shows CHAMPUS utilization and cost data for the Fort Ord catchment area and the Inpatient NAS Report which was primarily used in this research shows the catchment area utilization and cost data by whether an NAS was required with the 27 hospital specialties.

B. OVERVIEW OF MEPRS

The Medical Expense and Performance Reporting System (MEPRS) contains cost and workload performance information for military treatment facilities.

The MEPRS recognizes six general functional areas within an MTF: inpatient, outpatient, dental, ancillary services, support services, and special programs. Support services are laundry service, food service, housekeeping, and other non

medical functions. Ancillary services include clinical laboratory, pathology, radiology, pharmacy, and other related activities that contribute in the proper diagnosis and treatment of admitted patients. Special programs consist of graduate medical education, public health services, and decedent affairs. Within the general functional areas, MEPRS further identifies separate work centers of the MTF in which different services are performed. Therefore, it tracks workload and expenses by these work centers.

Expenses from ancillary and support work centers are reallocated or reassigned to inpatient and other work centers and other final operating accounts. This allocation is the percentage of the ancillary and support workload performed for the work centers. For example, the performance factor for Blood Bank is weighted procedure (see Appendix A for sample of performance factors). If 20% are served for Obstetrics, then 20% of the cost of operating the Blood Bank are allocated to Obstetrics care (work center).

Expense information are entered in the MEPRS in the form of Direct Expense Schedule (DES) and it identifies all expenses directly associated with a given work center.

Workload statistics are recorded into MEPRS in the form of stepdown assignment statistics (SAS) data sets. Each SAS data set is composed of a numerical identifier that is related with a specific workload measure and a list of MEPRS work center and corresponding workload for that work center. Also, other

workload information are gathered from numerous sources, including the Automated Quality of Care Evaluation Support System (AQCESS), which provides reports on OBD's by work center; Tri-service Medical Information System (TRIMIS), which provides reports on ancillary workload.

The EAS is the automated system that processes the actual cost allocations from intermediate operating accounts to final accounts. The beginning of the process is the DES that identifies the direct expense of each work center, including ancillary and support work centers. During the stepdown process, the direct expenses of ancillary and support work centers are charged to the inpatient, outpatient, dental, or special programs work centers benefiting from the expenses.

During the final or post-stepdown, expenses from cost pools are allocated to final operating accounts. Cost pools are established when costs are shared by two or more by final operating accounts.

The Final Purification Report identifies the expense distribution from cost pools to final accounts. This report shows the dollar amounts calculated and allocated during purification.

The Computation Summary reveals the breakdown of total work centers expense by direct expense, support costs, ancillary costs, expense from cost pools, and a final purified amount.

C. CALCULATING COSTS USING PATIENT TREATMENT PROTOCOLS

To estimate MTF cost per patient admission, MTF physicians must identify major types of hospital admission and develop patient treatment protocol² for each.

May [Ref 8] developed a method to estimate the costs. The cost of treating each patient admitted can be determined from the treatment protocols and the cost per OBD for each work center. The cost is estimated as weighted sum of the cost per OBD in each work center where the weights equal the number of days spent in each work center:

$$\text{Cost per admission} = w_1 * C_1 + \dots + w_n * C_n \quad i=1 \text{ to } n,$$

where

w_i = number of OBD spent in work center i

C_i = cost per OBD in work center i

n = number of work centers.

D. MEPRS DATA

Data provided by Fort Ord Army Hospital covered only the inpatient services³ and work centers that affected the computation of Obstetrics cost. Of the data provided, five reports were used for analysis that are directly related to

²For this research, a treatment protocol is defined as the number of days the typical patient with a certain diagnosis remains in each MEPRS work center.

³To date, there are 18 identified inpatient specialties within the Fort Ord Army Hospital (see Appendix J-Inpatient Specialties).

the Obstetrics cases. Referring to Appendix B (Occupied Bed Day Data), this report accounts all the occupied bed days for the inpatient work centers. Appendix C (Direct Expense Report), this report shows the total salary of clinicians working in those particular work centers. Appendix D (Stepdown Schedule) enumerates all the ancillary and support costs allocated to the affected work centers. Appendix E (Final Purification Report) shows the allocated costs to different work centers from the ward cost pools. Appendix F (Computation Summary Report) integrates all the different costs allocated to the work centers.

The MEPRS data provided by Fort Ord Army Hospital are up to September 30, 1990 and considered complete. However, the data provided need to be analyzed carefully because of the system's (MEPRS) inherent limitations. For example, data are collected by functional work center instead of by individual patient. When admitted patients in a given specialty are treated in two or more work centers, cost per admission must be calculated from data on cost per OBD by work center and treatment protocol developed for the specialty. Second, since MEPRS is an allocative system, a work center's share of support and ancillary costs is determined from its relative share of weighted workload. If weights do not capture all differences in resource consumption for ancillary and support costs, then the allocated cost could be different from the

true cost. As a result of these limitations, the cost per admission in a given specialty using patient treatment protocols cannot be truly estimated from the true cost.

E. CHAMPUS COST DATA

The data provided by OCHAMPUS particularly the Inpatient Non Availability Statement report is considered complete for the fiscal year 1991. This report provides costs and utilization data for twenty-seven medical specialties. The report comprises the following types of admissions: emergency (no NAS required); and non-emergency (NAS required or not required). This feature is very important because in NAS cases, CHAMPUS is the primary insurer and a given MTF generally absorbs all the costs of the admission. Thus, NAS cases are the best candidates for recapture. Furthermore, this report excludes the following types of data: CHAMPVA; contractor-denied claims; claims with zero government cost; hospital outpatient care; ambulatory surgery for active duty dependents; and all foreign country data (except Mexico and Canada).

F. METHODOLOGY APPLICATION

Applying May's [Ref. 8] methodology on the MEPRS data, we can have a best estimate of the admission cost on different inpatient specialty or services (see Footnote 3) for the Fort Ord Army Hospital. For Obstetrics cases, the total expenses

in fiscal year 1990 is \$2,449,541.00 which include the clinician salaries. The occupied bed days (OBD's) totaled to 4,844 for 1,628 patients admitted (this data was derived from SAS Admissions Report). Dividing 4,844 OBD's by 1,628 patients will result to average length of stay (ALOS) or occupied bed days of about three days (the exact number is 2.975 days). Furthermore, dividing the total expenses of \$2,449,541.00 by the occupied bed days of 4,844 will yield a dollar amount of \$505.69. This is the average cost per OBD in Obstetrics work center. To determine the total cost per admission for Obstetrics using the methodology:

$$\text{Cost for each admission} = w_1 \cdot C_1 + \dots + w_n \cdot C_n \quad i=1 \text{ to } n,$$

$w_1 = 3^4$ $C_1 = \$505.69$ $n = 1$ (see Footnotes 2 and 4).

Therefore, the computed cost for each admission for Obstetrics at Fort Ord Army Hospital when using patient treatment protocol is \$1,504.63. This is the amount used for comparing the cost between MEPRS and CHAMPUS.

For CHAMPUS Obstetrics cases⁵ for the year 1990 (see Appendix G, Total All Categories of Beneficiaries section, NAS

⁴For the fiscal year 1990, 99.50% of patients admitted at Fort Ord Army Hospital for Obstetrics care were seen and treated at that work center. The remaining .50%, who were treated by two or more work center, were not included in the analysis because the effect is considered negligible in the final cost per admission.

⁵Obstetrics costs used in the computation are costs pertaining to mothers care only. Costs incurred for routine care for newborns are excluded. Similarly, Obstetrics costs incurred by the Fort Ord Army Hospital and used in the computation excludes newborn costs.

required), the total government cost is \$314,365 for a total of 98 inpatient admissions. Dividing the total government costs by 98 total admissions will yield \$3,207.80 average government cost per admission. The total hospital days or total occupied bed days is 272, divide this by total admissions will yield an average length of stay or average OBD of 2.77. Furthermore, dividing \$3,207.80 by the average OBD or length of stay will yield \$1,155.75 average government cost per occupied bed day.

V. DISCUSSION AND ANALYSIS

A. CHAPTER OVERVIEW

When to recapture? In order to answer this very important question when considering shifting (recapturing) CHAMPUS workload to a particular treatment facility, one has to explore the following issues that may affect the overall results of patients recapture. The primary goal of comparing CHAMPUS and MTF costs is to ascertain whether a given MTF can provide inpatient care at a lower cost than through CHAMPUS. However, the potential savings related to recapturing CHAMPUS workload vary significantly between patient to patient.

First, the potential savings that could be derived from shifting CHAMPUS workload is dependent upon recaptured admissions because CHAMPUS coverage varies by status of patients and private insurance coverage. For eligible dependents who have private insurance, CHAMPUS is considered a secondary insurer. Therefore, it only pays charges not covered by the dependent's insurance. [Ref. 9:pp. 4-8]

Second, many eligible dependents are considered transparent to the military health care system due to their infrequent use or non-use of military facilities or CHAMPUS for some or most of their health care needs. Therefore, drawing this population will increase the workload of the

military treatment facilities. And, since this population are viewed as ghosts by the military system, the potential gain in number may not reduce the CHAMPUS workload in equal number. In other words, cost advantage in favor of the MTF that exists per admission would be eventually offset by disproportionate increases in MTF workload.[Ref. 10:p. 1]

Another issue to consider when recapturing is the potential effect on some aspects of medical care, as well as the overall satisfaction on the part of the recaptured population. By increasing the number of patients seen within a particular specialty, the access to that health care service would probably be affected not only in terms of longer lines (waiting to make an appointment or follow-up) but also the quality of time spent by the physician with his or her patient. Also, when recaptured, patients who are used to shopping for health services outside the MTF may no longer have any option available to them to see a particular specialist or doctor they prefer (exceptions are emergency conditions) and in some cases this will cause patient dissatisfaction.

B. ANALYSIS

Based on the data derived from MEPRS and OCHAMPUS, a summary of the computation is created to show the final costs and workload for the Obstetrics care incurred by the Fort Ord Army Hospital and CHAMPUS for FY 1990.

Referring to Appendix I, the average cost per admission at the MTF level is about \$1,504.00. This number represents the average cost for inpatient care provided for one Obstetrics specialty patient. Again, this sum was derived by multiplying the average cost per occupied bed day, \$505.69, by the average length of stay, which is 2.975 days.

The CHAMPUS cost on Obstetrics care per admission within the Fort Ord catchment area is about \$3,207.00 and this number is derived from the CHAMPUS NAS Inpatient Report.

Based on the above there is a significant cost difference between the two programs. The net difference of \$1,703 for each patient admission could represent a substantial savings if these Obstetrics patients (NAS required) were recaptured and treated within the military treatment facility.

It should be noted, however, that the remaining 17 medical specialties within the Fort Ord Hospital were not compared and analyzed. Thus, the potential savings from these specialties and what their impact could be on the overall CHAMPUS for the catchment area cannot be truly ascertained. Despite this, it is widely accepted that military treatment facilities of any size can deliver health care service at lower cost. If this is so, the potential savings in recapturing patients under different types of medical specialties can be substantial not only to the overall CHAMPUS budget for the Fort Ord catchment area but also to the rest of catchment areas within the CHAMPUS program.

Based on the data analyzed in this research, shifting CHAMPUS Obstetrics (NAS required) cases back to the Fort Ord Army Hospital could have significantly reduced the overall CHAMPUS cost for the Fort Ord catchment for FY 1990. This potential savings represents a reduction in expenditures of almost 76 percent of the grand total of CHAMPUS and patients costs in all Obstetrics categories in the Fort Ord area. These categories are emergency medical treatment (no NAS required), inpatient care where no NAS is required, and inpatient care where NAS is required. Similarly, when the OBD cost on Obstetrics was compared to the CHAMPUS cost for FY 1990, the difference was almost a 50% in favor of MTF.

It should be noted, however, that there are extra costs associated with any form of medical specialty recapture. And these costs are considered significant. Example of these costs are salaries of new doctors, additional ancillary costs, and other support costs. In the case of Fort Ord Army Hospital, a practical way to measure and to forecast future costs when recapturing Obstetrics patients are the use of established cost per occupied bed days. These costs are considered a good measure when comparing future costs since the OBD cost is composed of average cost incurred by the military hospital for doctors salaries, ancillary services, and other support costs for that work center.

Furthermore, in analyzing the results of the data contained in this research, there are various reasons for

increases in number of CHAMPUS Obstetrics patients being referred to the civilian facilities, as well as increases in costs both for the CHAMPUS and patients within the Fort Ord catchment area.

Currently, there are constraints in the supply of military physicians within Fort Ord Army Hospital not only in Obstetrics specialty but also in most clinical areas of the hospital. This situation is not unique to Fort Ord and is being experienced by other military treatment facilities as well. Since this is not unique to Fort Ord it is expected that some services have to be cut back and some have to be closed due to lack of necessary resources. Also, in addition to its requirement to provide health care to eligible beneficiaries, the military hospital is also mandated by higher authorities to support any national contingencies. For example, during the Persian Gulf crisis, a large number of medical personnel stationed at the hospital were sent to the area to support deployed personnel. And in anticipation of future casualties the hospital reduced and/or cut back some of its services available to eligible beneficiaries in the catchment area. This action by the hospital, preserving and conserving, some of its resources for contingencies, have resorted to more outside referrals of patients not only Obstetrics care but of other specialties as well. In FY 1990, the majority of patients (Obstetrics with NAS authorization)

who were referred to outside providers were dependents of active duty personnel. Therefore, the bulk of the total cost was absorbed by the government.

It should be noted that in cases where a patient is seen by a nonparticipating provider, the cost in excess of allowed CHAMPUS amount must be paid by the patient. This plus the cost associated with yearly deductible payments will tend to increase the overall cost paid by the patient. So in reality, CHAMPUS covers less than 100 percent of the reported costs for active-duty dependents and covers less than 75 percent of the costs for retiree families. But since most of the civilian providers participate in CHAMPUS, thus agreeing to absorb costs in excess of the allowed CHAMPUS charges, the total costs reported and analyzed in this research approximates the allowable charges.

Another reason in increased cost is the medical status of the patient itself. Patients are automatically referred to civilian providers when specialized care is needed because of some complications in their pregnancy and Fort Ord Army Hospital cannot provide the appropriate care. However, the correct number of these patients (with complications) cannot be obtain since their inpatient records were not screened for this purpose. At any rate, any kind of specialized care, if it were needed and obtained, will undoubtedly increase the cost of Obstetrics care. Thus, the potential savings calculated maybe overstated.

There is also the question of patient's proximity to the Fort Ord Army Hospital. There are cases where beneficiaries live in the outermost perimeter of the catchment area thereby access to the care needed is prohibitive. In these cases where geographic considerations have to be considered, the prudent choice by the military hospital is to refer them to the nearest civilian provider.

VI. CONCLUSIONS AND RECOMMENDATIONS

A. CONCLUSIONS

The methodology described in this research provides a best estimate in comparing Obstetrics costs between a military treatment facility and CHAMPUS. The CHAMPUS cost per patient admission can be derived from the CHAMPUS Inpatient NAS Report. The military treatment facility's cost can be constructed using patient treatment protocols, which describe the hospital stay by work center for different categories of patients, and cost per occupied bed day estimates from MEPRS.

An important requirement when using this methodology, however, is the determination of relevant clinical specialties and the proper use of treatment protocols. Another requirement is the accuracy of workload data and costs data used in MEPRS.

By comparing MTF and CHAMPUS costs, a given military treatment facility can identify those specialty areas in which to reduce costs either by increasing the MTF's workload (use of recapture and/or normal increase of appointments) or increasing referrals to outside providers. Similarly, additional recapture of different types of medical specialties must also be based on the requirements of the MTF,

availability of resources and consideration on the needs of a given specialty population.

Based on the computations performed in Chapter IV and the analysis conducted in Chapter V, it can be concluded that recapturing and treating eligible beneficiaries at Fort Ord Army Hospital has a cost saving potential. In FY 1990, in the case of Obstetrics specialty, the MTF could have saved approximately \$1,703.00 per admission if these patients were recaptured.

However, when considering recapture, the overall mission capability of a given MTF must be seriously taken in to account. For example in FY 1990, in the case of the Fort Ord Army Hospital, the hospital has experienced shortages in military doctors especially in the Obstetrics and Gynecology specialty. This situation can be attributed to the longstanding manning constraint within the DoD health care system and which to some extent exacerbated by the war in the Persian Gulf when large number of the hospital's medical personnel have to leave to support deployed military personnel. Consequently, for that year, the military hospital resorted to more referrals of Obstetrics patients to outside health care providers.

Another aspect in a recapture that is very important are the high costs related to any patients needing specialized health care. If the additional costs to be incurred in

specialized services are more than the savings to be realized, then it would probably be cost-effective to leave these patients unrecaptured.

Also, use of OBD's as a gauge on forecasting savings in costs must be done with caution since derivation of historical costs may not truly reflect the future costs.

Finally, in light of the constraints placed on Fort Ord Army Hospital, as well as to other military treatment facilities within DoD, it would be prudent now to address any aspects of cost containment since the overall cost of providing military health care is rapidly escalating.

B. RECOMMENDATIONS

This research has analyzed and compared the costs of one medical specialty, Obstetrics, between a military treatment facility and its catchment area. Based on the data analyzed, it is evident that a significant savings could be realized when patients are recaptured back to the MTF. However, before attempting to shift major CHAMPUS workloads, by recapturing other specialties, a further study should be conducted in order to ascertain the full impact of the possible change, and to make sure that these changes are warranted. It should be noted that potential savings related with shifting CHAMPUS workload back to the MTF can vary because of dependents' status, private insurance coverage, and other costs associated

with any recapture (i.e., additional salaries for new doctors, expected increase in ancillary and support costs, etc.).

Therefore, it is recommended that:

1. Cost analysis of the remaining 17 medical specialties, in the case of Fort Ord Army Hospital, be conducted and compared to the other CHAMPUS specialties within the Fort Ord catchment area. Such a study should cover a four to five year span in order to determine if there is a growing trend.
2. A study should also be conducted, in conjunction with the above recommendation, on number and status of beneficiaries carrying any private insurance within the catchment area. If there is a significant number of beneficiaries having private insurance coverage, then it would probably be cost-effective to leave this population unrecaptured.

APPENDIX A

EXAMPLE OF PERFORMANCE DESCRIPTIONS FORT ORD ARMY HOSPITAL, FY 1990

<u>ACCT</u>	<u>DESCRIPTIONS</u>	<u>PERFORMANCE DESCRIPTION</u>
DAA	PHARMACY	WEIGHTED PROCEDURE
DBA	CLINICAL PATHOLOGY	WEIGHTED PROCEDURE
DBC	BLOOD BANK	WEIGHTED PROCEDURE
DCA	RADIOLOGY	WEIGHTED PROCEDURE
DDA	ELECTROCARDIOGRAPHY	PROCEDURE
DDD	PULMONARY FUNCTION	WEIGHTED PROCEDURE
DEA	CENTRAL STERILE SUPPLY	HOURS OF SERVICE
DFA	ANESTHESIOLOGY	MINUTES OF SERVICE
DFB	SURGICAL SUITE	MINUTES OF SERVICE
DHD	PHYSICAL THERAPY	VISIT
DGA	SAME DAY SURGERY	MINUTES OF SERVICE

APPENDIX B

STATISTICAL DATA SET (OCCUPIED BED DAY DATA) FORT ORD ARMY HOSPITAL, FY 1990

UCA CODE	QTR 1	QTR 2	QTR 3	QTR 4
AAAA	1452	1203	1170	1332
AAFA	0	4	8	4
AAHA	210	253	220	245
AAJA	6	13	7	39
ABAA	805	868	1022	920
ABCA	46	59	42	21
ABEA	46	41	46	0
ABFA	130	191	160	142
ABGA	160	147	201	151
ABKA	227	301	156	4
ACAA	245	356	355	315
ACBA	1306	1011	1168	1359
ADAA	490	429	404	422
ADBA	893	782	866	839
AEAA	604	871	1008	934
AEBA	79	132	109	152
AFAA	921	1047	863	888
AGAA	243	309	329	302
AGBA	3	10	1	1
AGCA	585	732	821	683
AGDA	152	79	82	78
AGEA	20	49	61	16
AGFA	0	0	0	26
AGGA	3	4	0	23
AGHA	231	196	280	291

APPENDIX C (DIRECT EXPENSE REPORT)

PREPARED: 90 NOV 27 1041 HRS
 FACILITY NAME: HECDAC FT ORD
 FACILITY CODE: N2C4AA

PAGE DISPLAY

PCN NAA-006

DDO REGION: 06

QUARTER 4 : 01 JUL - 30 SEP FY 90
 PAGE 30 DES DATA SLI

LMO	FACIL	LINE	TOTAL	UCA	SAS	SUB AMT	UCA	SAS	SUB AMT	UCA	SAS	SUB AMT	UCA	SAS	SUB AMT	S
CODE		EXPENSE														
01	DES	30	4	N												
2		70648	AAAA		0		0			0					0	
3		5022	AAJA		0		0			0					0	
4		6004	AAFA		0		0			0					0	
5		29233	AAHA		0		0			0					0	
6		825522	AXXA		0		0			0					0	
7		915345	AXXH		0		0			0					0	
8		159543	ABAA		0		0			0					0	
9		13843	ABCA		0		0			0					0	
10		18629	ABEA		0		0			0					0	
11		61437	ABFA		0		0			0					0	
12		34999	ABGA		0		0			0					0	
13		68882	ABKA		0		0			0					0	
14		90288	ABXM		0		0			0					0	
15		71608	ACAA		0		0			0					0	
16		132982	ACBA		0		0			0					0	
17		1136666	ACXA		0		0			0					0	
18		111261	ADAA		0		0			0					0	
19		38145	ADBA		0		0			0					0	
20		525723	AUXA		0		0			0					0	
21		515592	AUXB		0		0			0					0	
22		118637	AEAA		0		0			0					0	
23		24208	AEBB		0		0			0					0	
24		713469	AEXA		0		0			0					0	
25		69689	AFAA		0		0			0					0	
26		505763	AFXA		0		0			0					0	
27		0	AFXB		0		0			0					0	
28		0	AFXC		0		0			0					0	
29		75553	AGAA		0		0			0					0	
30		144918	AGCA		0		0			0					0	
31		30424	AGDA		0		0			0					0	
32		13793	AGHA		0		0			0					0	
33		343189	BAAA		0		0			0					0	
34		161564	BABA		0		0			0					0	
35		61309	BACA		0		0			0					0	
TOTAL		6884488														

PCN WAA-010

STEPS TO SUCCESS

PREPARED: 90 NOV 27 1059 HRS
FACILITY NAME: NEGOCAL F1 ORD
FACILITY CODE: W2C44A
DOB SECTION: 06

QUARTER 4 : 01 JUL - 30 SEP FY 90 YEAR TO DATE
PAGE 8-4

ACCT	EJAA	EKAA	EKAB	EKAE	EKAO	EKAR	DAAA	DAAE	DAAR	DBXA	DBLA
ABEA	4315	0	0	0	C	0	3018	0	7	0	0
ABFA	19273	0	0	0	C	0	26334	0	0	0	0
ABGA	20307	0	0	0	0	0	25414	7	0	0	0
ABHA	21204	0	0	0	C	0	48276	22	14	0	0
ABIM	0	0	0	0	C	0	0	0	0	0	0
ABJA	39320	0	0	0	0	0	110026	515	29	0	0
ABKA	100056	0	0	0	0	0	197664	726	71	0	0
ABLA	0	0	0	0	0	0	35139	0	0	0	C
ABMA	53903	0	0	0	0	0	226085	45	57	C	0
ABNA	104505	0	0	0	0	0	119523	16	36	C	0
ABOB	0	0	0	0	0	0	17470	0	0	0	0
ABPA	0	0	0	0	0	0	12109	0	0	0	0
ABQA	105707	0	0	0	0	0	161411	16	49	0	0
ABRA	10062	0	0	0	0	0	20636	0	8	0	0
ABSA	0	0	0	0	0	0	29519	0	0	0	0
ABTA	119052	0	0	0	0	0	23002	195	0	C	0
ABUA	0	0	0	0	0	0	0	0	0	0	0
ABVA	0	0	0	0	0	0	4452	0	0	0	0
ABWB	0	0	0	0	0	0	0	0	0	0	0
ABXC	0	0	0	0	0	0	0	0	0	0	0
ACAA	36590	0	0	0	C	0	116010	723	604	0	0
ACBA	044	0	0	0	0	0	12584	4	0	0	0
ACCA	07271	0	0	0	0	0	114022	28	420	0	0
ACDA	12094	0	0	0	C	0	37127	762	527	C	0
ACEA	4517	0	0	0	C	0	61235	128	783	C	0
ACFA	004	0	0	0	0	0	0	0	0	0	0
ACGA	928	0	0	0	0	0	0	0	0	0	0
ACHA	30875	0	0	0	0	0	5323	3	192	0	0
BAAA	0	55367	0	0	C	0	341170	243	505	C	C
BABA	0	21471	0	0	C	0	24355	35	449	0	0
BACA	0	11901	0	0	C	0	17649	7	35	C	0
BACE	0	330	0	0	C	0	0	0	0	C	0
BABA	0	443	0	0	0	0	6786	0	0	0	0
BALA	0	0060	0	0	0	0	9636	0	22	0	0
BALC	0	2198	0	0	0	0	0	0	0	0	0
BALA	0	6560	0	0	C	0	1286	0	0	C	0
BAPA	0	32307	0	0	C	0	43606	19	50	0	0
BAPT	0	1225	0	0	0	0	0	0	0	0	0
BBAA	0	25783	0	0	C	0	43795	0	21	0	C
BODA	0	16162	0	0	C	0	44269	6	64	0	0

PCN MAA-Q10

STEPDOWN SCHEDULE

PREPARED: 90 NOV 27 1059 HRS
FACILITY NAME: MEDICAL FI URO
FACILITY CODE: W269AA
DOB RESIDENT: 00

QUARTER 1: 01 JUL - 30 SEP FY 90 YEAR TO DATE
PAGE 9-4

ACCT	DBAA	DBAB	UBAL	DBAR	DBBA	LCBA	DLAE	DCAR	DDAA	COBA	UUUA
ACCT											
ACBA	500	5	0	0	1370	0	0	0	213	0	0
ACBA	1001	16	0	0	5910	3244	0	0	35	0	23
ACBA	2450	0	0	0	4081	0	0	0	35	0	0
ACBA	0249	244	0	0	6059	0	0	0	1682	0	0
ACBA	0	0	0	0	0	0	0	0	0	0	0
ACBA	26990	51	0	0	46657	0	0	0	0	0	0
ACBA	131423	41	0	0	7302	13515	0	0	18	0	0
ACBA	0	0	0	0	0	0	0	0	0	0	0
ACBA	53781	19	0	0	465	13292	0	0	796	1335	1683
ACBA	72612	0	0	0	0	10964	0	0	0	0	0
ACBA	0	0	0	0	0	0	0	0	0	0	0
ACBA	0	0	0	0	0	0	0	0	0	0	0
ACBA	17071	403	0	0	3929	39913	0	0	106	141	23
ACBA	3464	11	0	0	4351	19	0	0	89	0	0
ACBA	0	0	0	0	0	6442	0	0	0	0	0
ACBA	16162	423	0	0	22	2501	0	0	88	131	45
ACBA	0	0	0	0	0	0	0	0	0	0	0
ACBA	0	0	0	0	0	0	0	0	0	0	0
ACBA	0	0	0	0	0	0	0	0	0	0	0
ACBA	0	0	0	0	0	0	0	0	0	0	0
ACBA	0	0	0	0	0	0	0	0	0	0	0
ACBA	0	0	0	0	0	0	0	0	0	0	0
ACBA	20150	104	0	0	225	49	0	0	0	0	1033
ACBA	1990	0	0	0	116	0	0	0	0	0	0
ACBA	60233	7	0	0	5386	0	0	0	18	0	420
ACBA	9381	2	0	0	0	0	0	0	0	0	398
ACBA	2043	0	0	0	1451	0	0	0	0	0	0
ACBA	50	0	0	0	0	0	0	0	0	0	0
ACBA	46	0	0	0	167	0	0	0	18	0	0
ACBA	13645	0	0	0	0	0	0	0	0	0	0
ACBA	119340	34	0	0	78	121281	112	0	6513	730	4566
ACBA	14712	395	0	0	0	9101	0	0	89	0	6110
ACBA	16631	0	0	0	0	3155	0	0	3151	0	161
ACBA	0	0	0	0	0	0	0	0	0	0	0
ACBA	4362	0	0	0	0	120	0	0	106	0	0
ACBA	2551	57	0	0	0	62804	149	0	17	17159	206
ACBA	0	0	0	0	0	0	0	0	0	16307	0
ACBA	0	0	0	0	0	0	0	0	0	0	0
ACBA	16647	0	0	0	21337	139	0	0	0	0	0
ACBA	0	1	0	0	0	0	0	0	0	0	0
ACBA	0	0	0	0	0	0	0	0	0	0	0
ACBA	30994	15	0	0	1464	88252	0	0	638	121	450
ACBA	1729	3	0	0	0	25899	149	0	17	0	0

PCN MAP-010

STEPDOWN SCHEDULE

PREPARED: 90 NOV 27 1059 HRS
FACILITY NAME: MCBAC FT UNO
FACILITY CODE: W26AAA
DOB RESIDUALS 04

QUARTER 4 : 01 JUL - 30 SEP FY 90 YEAR TO DATE
PAGE 30--4

ACCT	DEAA	DFIA	DFBA	DFBL	DFAA	LFAL	DFCA	DCAA	DNAA	DNBA	LHUA
ADAA	0	0	9153	1	15254	3	595	23489	0	0	0
ADFA	0	0	150107	26	60925	11	11101	41898	0	0	16
ADGA	0	0	202425	34	63601	12	8378	3211	2598	0	0
ADHA	0	0	135995	23	53815	10	7473	4449	1314	0	0
ADIA	1132	0	0	0	0	0	0	0	0	0	0
ADJA	0	0	137606	22	53159	10	11816	30244	0	0	0
ADKA	0	0	209402	35	65856	12	12004	0	537	555	0
ADLA	72154	0	0	0	0	0	0	0	28221	2061	587
ADMA	0	0	0	0	0	0	0	0	598	0	0
ADNA	0	0	0	0	0	0	0	0	0	0	0
ADOA	0	0	0	0	0	0	0	0	0	0	0
ADPA	18532	0	0	0	0	0	0	0	0	0	0
ADQA	0	0	442733	77	189947	36	26794	113133	1941	1873	10300
ADRA	0	0	110139	20	35457	6	2842	857	0	0	1299
ADSA	4197	0	0	0	0	0	0	0	1612	118929	46
ADTA	0	0	0	0	0	0	0	0	0	0	0
ADUA	0	0	0	0	0	0	0	0	0	0	0
ADVA	0	0	0	0	0	0	0	0	0	0	0
ADWA	0	0	0	0	0	0	0	0	0	0	0
ADXA	0	0	0	0	0	0	0	0	0	0	0
ADYA	0	0	0	0	0	0	0	0	0	0	0
ADZA	0	0	0	0	0	0	0	0	0	0	0
ADAA	0	0	0	0	0	0	0	0	0	0	0
ADFA	0	0	1120	0	365	0	0	0	18605	0	216
ADGA	0	0	85335	14	25723	5	0	0	5465	0	0
ADHA	0	0	0	0	0	0	0	0	1553	0	0
ADIA	0	0	3147	1	1867	0	0	241	8004	0	16
ADJA	0	0	0	0	0	0	0	0	29	0	0
ADKA	0	0	0	0	114	1	0	0	0	0	0
ADLA	0	0	0	0	0	0	0	0	210	0	0
ADMA	0	0	0	0	0	0	0	0	0	0	0
ADNA	0	0	0	0	0	0	0	0	0	2427	1577
ADOA	0	0	0	0	0	0	0	0	0	0	325
ADPA	0	0	0	0	0	0	0	0	0	2394	0
ADQA	0	0	0	0	0	0	0	0	0	0	0
ADRA	0	0	0	0	0	0	0	0	0	0	0
ADSA	0	0	0	0	0	0	0	0	0	173	5088
ADTA	0	0	0	0	0	0	0	0	0	0	0
ADUA	0	0	0	0	0	0	0	0	0	0	0
ADVA	0	0	0	0	0	0	0	0	0	0	0
ADWA	0	0	0	0	0	0	0	0	0	0	0
ADXA	0	0	0	0	0	0	0	0	0	0	0
ADYA	0	0	0	0	0	0	0	0	0	0	0
ADZA	0	0	0	0	0	0	0	0	0	0	0
ADAA	22305	0	0	0	0	0	0	0	0	0	232
ADFA	0	0	0	0	0	0	0	0	0	0	0
ADGA	6177	0	0	0	0	0	0	0	0	0	0
ADHA	566	0	0	0	0	0	0	0	243	0	6536
ADIA	0	0	0	0	0	0	0	0	0	0	0

PREPARED: 90 NOV 27 1059 HRS
FACILITY NAME: MEDCAC FT ORD
FACILITY CODE: W264AA
DDO REGION: 06

FINAL PURIFICATION

PCN NAA-012

QUARTER 4 : 01 JUL - 30 SEP FY 90 YEAR TO DATE
PAGE 1-1

ACCT DESCRIPTION	EXP. AFI- STEPDOWN	AXA	AXH	ABP	ACA	ADA	ACB	ALA
AAA INTERNAL MEDICINE	1564251	925214	0	6301	0	0	0	35708
AAA INFECTIOUS DISEASE	0	0	0	0	0	0	0	0
AAA ALLERGY	712	0	0	0	0	0	0	0
AAA AIDS	0	0	0	0	0	0	0	0
AAA CARDIOLOGY	0	0	0	0	0	0	0	0
AAA NEPHROLOGY	0	0	0	0	0	0	0	0
AAA GASTROENTEROLOGY	12063	1143	0	1312	0	0	0	309
AAA INTENSIVE CARE NICU	417065	4003	511638	0	0	0	0	309
AAA NEUROLOGY	10627	12199	0	0	0	0	0	155
AAA WARD 65 NINE MED	1302230	1302230	0	0	0	0	0	0
AAA COMBINED CCU WARD 65	1005907	0	1085907	0	0	0	0	0
AAA GENERAL SURGERY	1064063	43459	1007	82967	0	54289	0	396213
AAA INTENSIVE CARE SICU	52408	15630	110007	0	2189	0	0	309
AAA OPHTHALMOLOGY	82822	572	0	13259	0	4286	0	2163
AAA ORAL SURGERY	419322	4193	0	46209	0	16287	0	25666
AAA OTOLOGY	396697	12408	0	4332	0	80005	0	43726
AAA OTOLOGY	390324	11818	0	19560	0	22287	0	61648
AAA UROLOGY	263864	0	0	263864	0	0	0	0
AAA MINIMAL CARE MD 45 COST POOL	596497	21920	0	132	10124	0	0	144002
AAA GYNECOLOGY	1130120	762	2014	0	1306625	0	0	9888
AAA OBSTETRICS	2086769	0	0	0	2086769	0	0	0
AAA WARD 5 E OB	585546	953	5037	0	0	494033	0	0
AAA PEDIATRICS	420561	0	0	0	0	286	0	0
AAA NURSERY	826341	0	0	0	0	0	2297	0
AAA WARD 6 S PEDIATRICS	916602	0	0	0	0	0	105834	0
AAA WARD 5 S NURSERY	1493456	31451	0	56054	0	0	0	0
AAA ORTHOPEDICS	241149	3621	0	6827	0	31145	0	415645
AAA PODIATRY	1230812	0	0	0	0	11715	0	55623
AAA COMBINED SURGERY	508513	0	0	0	0	0	0	1230812
AAA PSYCHIATRY	0	0	0	0	0	0	0	0
AAA SUBSTANCE ABUSE	763909	0	0	0	0	0	0	0
AAA WARD 7M PSYCHIATRY	1011	0	0	0	0	0	0	0
AAA PSY RESOURCE SHARING 7M (PSY TECH)	820	0	0	0	0	0	0	0
AAA PSY RESOURCE SHARING 7M (RM)	350110	207573	53389	131	0	0	0	3090
AAA FAM PRAC INTERNAL MEDICINE	26930	191	1007	394	274	571	0	1081
AAA FAM PRAC GENERAL SURGERY	684122	762	0	131	767283	0	0	1854
AAA FAM PRAC OBSTETRICS	123497	191	1008	0	0	0	0	0
AAA FAM PRAC PEDIATRICS	96067	3621	0	1181	0	111437	0	18078
AAA FAM PRAC GYNECOLOGY	2233	0	0	0	274	0	0	0
AAA FAM PRAC PSYCHIATRY	5222	954	0	526	0	0	0	3245
AAA FAM PRAC ORTHOPEDICS								

APPENDIX F (COMPUTATION SUMMARY)

PREPARED: 90 NOV 27 1059 HRS

COMPUTATION SUMMARY

PCN NAA-01

FACILITY NAME: MCDAC FT ORD

FACILITY CODE: W2C4AA DDD REGION: 06

QUARTER 4 : 01 JUL - 30 SEP FY 90

YEAR TO DATE

PAGE 01

ACCT CODE	DIRECT EXPENSE	SUPPORT COSTS	ANCL COSTS	AFTER STPDA	NET PURIF	PURIFIED EXPENSE
A	7338024	5011125	7552087	19901236	0	19901236
AA	1820449	1073164	1507250	4400863	485854-	3915009
AAA	7C648	378929	1115386	1564962	971223	2536186
•AAA A	7C648	378929	1114674	1564251	971223	2535474
•AAA B	0	0	0	0	0	0
•AAA C	0	0	712	712	0	712
•AAA D	0	0	0	0	0	0
•AAB	0	0	0	0	0	0
•AABA	0	0	0	0	0	0
•AAD	0	0	0	0	0	0
•AADA	0	0	0	0	0	0
•AAF	6004	1756	4303	12063	2764	14827
•AAFA	6004	1756	4303	12062	2764	14827
•AAH	29233	68788	319044	417065	915950	1333015
•AAHA	29233	68788	319044	417065	915950	1333015
•AAJ	5022	4917	8688	18627	12354	30981
•AAJA	5022	4917	8688	18627	12354	30981
•AAK	1709542	618774	59829	2386145	2386145-	0
•AAKA	894284	373059	34895	1302238	1302238-	0
•AAKH	815258	245715	24934	1085907	1085907-	0
•AB	582387	481845	2208068	3272300	815125	4087425
•ABA	159543	270015	1237305	1666863	578035	2244898
•ABAA	159543	270015	1237305	1666863	578035	2244898
•ABC	13843	11540	27025	52408	126935	181343
•ABCA	13843	11540	27025	52408	126935	181343
•ABE	18629	10569	53624	82822	20260	103102
•ABEA	18629	10569	53624	82822	20260	103102
•ABF	61437	48808	309077	419322	96355	515677
•ABFA	61437	48808	309077	419322	96355	515677
•ABG	34999	49418	312286	396697	140071	536768
•ABGA	34999	49418	312286	396697	140071	536768
•ABK	68882	53817	267625	390324	115313	505637
•ABKA	68882	53817	267625	390324	115313	505637
•ABX	225054	37678	1132	263864	263864-	0
•ABXM	225054	37678	1132	263864	263864-	0
•AC	1652805	989844	1163737	3807386	566754-	3240632
•ACA	77608	95686	417203	590497	200594	791091
•ACAA	77608	95686	417203	590497	200594	791091
•ACB	132982	357937	639201	1130120	1319421	2449541
•ACBA	132982	357937	639201	1130120	1319421	2449541
•ACX	1443215	536221	107333	2086769	2086769-	0
•ACXA	1443215	536221	107333	2086769	2086769-	0
•AD	1394939	767049	587062	2749050	534563-	2214547
•ADA	111261	139083	335202	585546	502320	1087866
•ADAA	111261	139083	335202	585546	502320	1087866

APPENDIX G (INPATIENT NAS REPORT)

REPORT NO: P3130-001 CAMPUS AURORA CO 80045 001

DATE: 01 MAR 91

TIME: 07:20:20

023 - MAY - AN FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990

PAGE 2
COLLECTION PERIOD:
15 MONTHS

		CATEGORY OF CARE-INTERNAL MEDICINE							
		CARDIOLOGY (VASCULAR DISEASE)		DERMATOLOGY		ENDOCRINOLOGY		GASTRO-ENTEROLOGY	
		ALLERGY							

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.I. CARE COVERED BY OTHER HEALTH INSURANCE: CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: 94, J-301

023 - DAYS AM FT ORD, CA (UNDUPLICATED)
 IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
 FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990

PAGE 3
 COLLECTION PERIOD:
 15 MONTHS

DATE: 01 MAR 91
 TIME: 07:2020

CATEGORY OF CARE-INTERNAL MEDICINE									
TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	INFECTIOUS DISEASE	HEPATOLOGY	NEUROLOGY	NUTRITIONAL	PULMONARY/ RESPIRATORY	RHEUMATOLOGY	OTHER		
EMERGENCY MEDICAL TREATMENT (NO WAS REQUIRED)									
USERS BENEFICIARIES	4	2	9	0	14	0	0	3	2
ADMISSIONS	13	2	46	0	14	0	0	0	3
HOSPITAL DAYS	5.00	2.00	7.66	0.00	2.00	0.00	0.00	1.50	1.50
AVERAGE LENGTH OF STAY	0.04	0.00	0.12	0.00	0.03	0.00	0.00	0.00	0.00
AVERAGE DAILY PATIENT LOAD	6.334	3.080	39.911	0.00	16.237	0.00	0.00	3.821	3.821
TOTAL GOVERNMENT COST	1.140	3.103	41.204	0.00	2.316.57	0.00	0.00	1.910.50	4.010
TOTAL PATIENT COST	6.474	3.06.00	64.45.83	0.00	1.159.78	0.00	0.00	1.223.46	1.223.46
TOTAL GOVERNMENT AND PATIENT COST	2.112.00	1.506.00	84.45.83	0.00	2.479.35	0.00	0.00	3.133.96	5.233.96
AVERAGE GOVERNMENT COST/ADMISSION	1.624.62	1.506.00	84.45.83	0.00	1.771.07	0.00	0.00	2.452.40	4.177.07
AVERAGE GOVERNMENT COST/DAY	1.624.62	1.506.00	84.45.83	0.00	1.771.07	0.00	0.00	2.452.40	4.177.07
IMPATIENT CARE ** (NO WAS REQUIRED)									
USERS BENEFICIARIES	0	1	0	0	2	0	0	24	14
ADMISSIONS	0	1	0	0	2	0	0	14	14
HOSPITAL DAYS	0.00	3.00	0.00	0.00	18.00	0.00	0.00	10.71	130
AVERAGE LENGTH OF STAY	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AVERAGE DAILY PATIENT LOAD	0.00	1.591	0.00	0.00	37.025	0.00	0.00	222.709	222.709
TOTAL GOVERNMENT COST	0.00	10.762	0.00	0.00	37.025	0.00	0.00	222.709	222.709
TOTAL PATIENT COST	0.00	10.762	0.00	0.00	37.025	0.00	0.00	222.709	222.709
TOTAL GOVERNMENT AND PATIENT COST	0.00	10.762	0.00	0.00	37.025	0.00	0.00	222.709	222.709
AVERAGE GOVERNMENT COST/ADMISSION	0.00	10.762	0.00	0.00	37.025	0.00	0.00	222.709	222.709
AVERAGE GOVERNMENT COST/DAY	0.00	10.762	0.00	0.00	37.025	0.00	0.00	222.709	222.709
IMPATIENT CARE ** (NO WAS REQUIRED)									
USERS BENEFICIARIES	4	7	13	2	13	1	1	119	119
ADMISSIONS	0	4	56	0	19	0	0	92	92
HOSPITAL DAYS	0.00	9.25	11.20.00	0.00	3.80	0.00	0.00	5.23	482
AVERAGE LENGTH OF STAY	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AVERAGE DAILY PATIENT LOAD	4.792	64.098	57.471	205	69.377	4.133	0.02	333.365	333.365
TOTAL GOVERNMENT COST	1.140	1.255	58.185	0.00	13.875.40	4.133	0.00	1.794	1.794
TOTAL PATIENT COST	5.932	65.350	11.482.20	0.00	2.316.57	4.133	0.00	3.821	3.821
TOTAL GOVERNMENT AND PATIENT COST	7.072	126.700	69.667	0.00	16.191.97	8.266	0.00	5.615	5.615
AVERAGE GOVERNMENT COST/ADMISSION	1.768	14.034.50	1.035.19	0.00	3.651.42	4.133	0.00	4.646.92	4.646.92
AVERAGE GOVERNMENT COST/DAY	1.768	14.034.50	1.035.19	0.00	3.651.42	4.133	0.00	4.646.92	4.646.92
GRAND TOTAL									
USERS BENEFICIARIES	8	10	20	2	30	1	1	147	147
ADMISSIONS	13	42	102	0	51	0	0	108	108
HOSPITAL DAYS	5.00	7.00	9.27	0.00	3.92	0.00	0.00	5.23	5.23
AVERAGE LENGTH OF STAY	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
AVERAGE DAILY PATIENT LOAD	11.128	48.769	97.322	205	122.619	4.133	0.02	579.993	579.993
TOTAL GOVERNMENT COST	1.140	10.762	58.185	0.00	13.875.40	4.133	0.00	1.794	1.794
TOTAL PATIENT COST	5.932	65.350	11.482.20	0.00	2.316.57	4.133	0.00	3.821	3.821
TOTAL GOVERNMENT AND PATIENT COST	7.072	126.700	69.667	0.00	16.191.97	8.266	0.00	5.615	5.615
AVERAGE GOVERNMENT COST/ADMISSION	1.768	14.034.50	1.035.19	0.00	3.651.42	4.133	0.00	4.646.92	4.646.92
AVERAGE GOVERNMENT COST/DAY	1.768	14.034.50	1.035.19	0.00	3.651.42	4.133	0.00	4.646.92	4.646.92

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.:
 CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A
 CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE LATCHMENT AREA OF AN IMPATIENT, MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: 73130-001
 DATE: 01 MAR 91
 TIME: 07:20:20

023 - MATS AN PT ORB, CA (UNREPLICATED)
 IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE)
 FOR CARE RECEIVED FROM OCT 1989 THRU SEP, 1990

PAGE 4
 COLLECTION PERIOD:
 15 MONTHS

----- CATEGORY OF CARE -----
 TOTAL IMPATIENT CARE
 (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)

	DENTAL	OBSTETRICS	GYN/OB	OPHTHALMOLOGY	PSYCHIATRY GROUP 1	PSYCHIATRY GROUP 2	SPECIAL PEDIATRICS
EMERGENCY MEDICAL TREATMENT (MMS REQUIRED)							
ADMISSIONS	1	33	2	2	7	11	0
HOSPITAL DAYS	0	12	6	0	8	10	0
AVERAGE LENGTH OF STAY	0.00	2.38	3.00	0.00	8.37	6.20	0.00
AVERAGE DAILY PATIENT LOAD	0.00	0.08	0.01	0.00	0.18	0.16	0.00
TOTAL GOVERNMENT COST	1.315	33.00	5.336	0.00	52.344	32.136	0.00
TOTAL PATIENT COST	0.00	489	422	0.00	1,306	32.688	0.737
TOTAL GOVERNMENT AND PATIENT COST	1.315	34,054	5,988	0.00	53,650	32,824	0.737
AVERAGE GOVERNMENT COST/ADMISSION	0.00	2,797.08	2,768.00	0.00	6,433.00	3,233.00	0.00
AVERAGE GOVERNMENT COST/DAY	0.00	1,082.74	922.44	0.00	781.23	518.32	0.00

IMPATIENT CARE -							
(MMS REQUIRED)							
ADMISSIONS	0	70	10	1	2	3	4
HOSPITAL DAYS	0	2	0	0	0	0	2
AVERAGE LENGTH OF STAY	0.00	2.00	0.00	0.00	29.33	69.64	173
AVERAGE DAILY PATIENT LOAD	0.00	0.01	0.00	0.00	0.24	0.57	0.47
TOTAL GOVERNMENT COST	0.00	18.17	3.455	1.209	17,942	45,161	278,930
TOTAL PATIENT COST	0.00	44,723	10,074	3,784	0	23	2,576
TOTAL GOVERNMENT AND PATIENT COST	0.00	62,896	13,529	4,993	17,942	45,184	281,506
AVERAGE GOVERNMENT COST/ADMISSION	0.00	9,206.50	1,352.00	4,993.00	5,980.00	15,043.00	39,465.00
AVERAGE GOVERNMENT COST/DAY	0.00	4,604.25	676.00	2,496.50	293.08	233.98	1,612.31

IMPATIENT CARE -							
(MMS REQUIRED)							
ADMISSIONS	0	150	24	4	26	20	32
HOSPITAL DAYS	0	20	70	1	17	15	13
AVERAGE LENGTH OF STAY	0.00	2.00	3.48	1.00	494	302	123
AVERAGE DAILY PATIENT LOAD	0.00	0.01	0.01	0.00	29.17	20.13	9.44
TOTAL GOVERNMENT COST	0.00	298.322	73.028	8.623	228,022	72,872	269,987
TOTAL PATIENT COST	0.00	10,032	74,038	8,623	2,207	21,409	15,978
TOTAL GOVERNMENT AND PATIENT COST	0.00	308,354	147,066	17,246	230,229	94,281	285,965
AVERAGE GOVERNMENT COST/ADMISSION	0.00	3,242.53	3,845.35	8,623.00	13,440.00	4,855.13	20,746.23
AVERAGE GOVERNMENT COST/DAY	0.00	1,147.33	1,043.27	8,623.00	439.82	244.26	2,195.01

GRAND TOTAL							
ADMISSIONS	1	233	38	6	32	33	38
HOSPITAL DAYS	0	106	21	1	28	28	15
AVERAGE LENGTH OF STAY	0.00	2.55	76	1.00	431	573	203
AVERAGE DAILY PATIENT LOAD	0.00	0.08	3.61	0.00	23.53	20.74	19.73
TOTAL GOVERNMENT COST	1.315	350,314	82,020	9,889	298,350	150,149	557,573
TOTAL PATIENT COST	0.00	56,154	11,515	4,426	3,513	152,448	57,823
TOTAL GOVERNMENT AND PATIENT COST	1.315	406,468	93,535	14,315	301,863	152,597	615,396
AVERAGE GOVERNMENT COST/ADMISSION	0.00	3,304.84	3,905.21	9,889.00	10,635.64	5,365.46	3,171.68
AVERAGE GOVERNMENT COST/DAY	0.00	1,187.50	1,079.21	9,889.00	438.30	262.01	1,883.69

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.-I
 CARE COVERED BY OTHER HEALTH INSURANCE: CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A
 CIVILIAN DOCTOR IN AN IMPATIENT MMS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.
 ** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MMS MEDICAL TREATMENT FACILITY.
 NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: 19130-001 023 - HAYS AN FT ORD, CA (UNDUPLICATED) PAGE 5
 DATE: 01 MAR 91 IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE) COLLECTION PERIOD:
 TIME: 07:20:20 FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990 15 MONTHS

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY										GRAND TOTAL	
TOTAL IMPATIENT CARE										FOR ALL	
(HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY					CATEGORIES
EMERGENCY MEDICAL TREATMENT (NO WAS REQUIRED)											
ADMISSIONS	1	19	3	12	0	3					150
HOSPITAL DAYS	0	4	2	34	0	1					79
AVERAGE LENGTH OF STAY	0.00	2.33	2.00	3.4	0.00	2.00					367
AVERAGE DAILY PATIENT LOAD	0.00	3.83	0.01	6.80	0.00	0.00					4.64
TOTAL PATIENT COST	74	45,891	17,178	29,041	0.00	2,377					331,542
TOTAL GOVERNMENT COST	0	45,891	17,178	29,041	0.00	2,377					9,223
TOTAL PATIENT AND PATIENT COST	74	45,891	17,178	29,041	0.00	2,377					340,765
AVERAGE GOVERNMENT COST/ADMISSION	0.00	7,646.50	8,586.00	5,808.20	0.00	2,377.00					4,194.98
AVERAGE GOVERNMENT COST/DAY	0.00	1,995.26	4,284.50	1,554.14	0.00	1,188.50					903.43

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY										GRAND TOTAL	
TOTAL IMPATIENT CARE										FOR ALL	
(HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY					CATEGORIES
EMERGENCY MEDICAL TREATMENT (NO WAS REQUIRED)											
ADMISSIONS	2	10	0	4	0	6					133
HOSPITAL DAYS	1	36	0	0	0	0					51
AVERAGE LENGTH OF STAY	2.00	9.00	0.00	0.00	0.00	0.00					21.84
AVERAGE DAILY PATIENT LOAD	1.37	152.401	0.00	0.00	0.00	0.00					1.83
TOTAL PATIENT COST	31	13,406	0.00	1,943	0.00	536					791,519
TOTAL GOVERNMENT COST	0	13,406	0.00	1,943	0.00	536					100,488
TOTAL PATIENT AND PATIENT COST	31	13,406	0.00	1,943	0.00	536					892,007
AVERAGE GOVERNMENT COST/ADMISSION	1,537.00	38,200.35	0.00	9,862	0.00	2,117					25,532.87
AVERAGE GOVERNMENT COST/DAY	768.50	4,233.36	0.00	2,443.74	0.00	3,756.50					1,179.61

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY										GRAND TOTAL	
TOTAL IMPATIENT CARE										FOR ALL	
(HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY					CATEGORIES
EMERGENCY MEDICAL TREATMENT (NO WAS REQUIRED)											
ADMISSIONS	3	29	7	11	1	11					408
HOSPITAL DAYS	3	13	47	17	2	2					314
AVERAGE LENGTH OF STAY	1.00	6.43	7.83	3.40	5.50	2.00					6.92
AVERAGE DAILY PATIENT LOAD	1.00	6.43	7.83	3.40	5.50	2.00					5.95
TOTAL PATIENT COST	15,047	149,158	60,815	44,944	18,646	15,024					2,191,280
TOTAL GOVERNMENT COST	1,650	170,455	61,378	52,468	18,736	15,417					57,431
TOTAL PATIENT AND PATIENT COST	16,697	170,455	61,378	52,468	18,736	15,417					2,248,711
AVERAGE GOVERNMENT COST/ADMISSION	5,015.66	13,015.23	10,135.83	8,988.80	9,325.00	7,515.00					6,976.59
AVERAGE GOVERNMENT COST/DAY	2,015.66	2,014.26	1,203.93	2,443.74	1,695.09	3,756.50					1,007.24

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY										GRAND TOTAL	
TOTAL IMPATIENT CARE										FOR ALL	
(HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY					CATEGORIES
EMERGENCY MEDICAL TREATMENT (NO WAS REQUIRED)											
ADMISSIONS	8	55	10	26	1	20					637
HOSPITAL DAYS	4	123	8	10	2	3					242
AVERAGE LENGTH OF STAY	1.25	6.11	6.27	5.10	5.50	2.00					37.57
AVERAGE DAILY PATIENT LOAD	1.25	6.11	6.27	5.10	5.50	2.00					5.80
TOTAL PATIENT COST	16,660	367,450	77,953	75,928	18,646	17,539					3,314,561
TOTAL GOVERNMENT COST	1,681	15,249	1,359	17,117	18,646	12,010					167,322
TOTAL PATIENT AND PATIENT COST	18,341	382,699	79,312	93,045	18,736	19,549					3,481,883
AVERAGE GOVERNMENT COST/ADMISSION	4,165.00	15,977.82	9,746.22	7,592.80	9,325.00	5,976.66					7,816.88
AVERAGE GOVERNMENT COST/DAY	3,332.00	2,569.86	1,529.27	1,888.78	1,695.09	2,989.83					1,031.86

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.:
 CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.
 NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: F5130-001 023 - DAYS AN FT ORD, CA (UNDUPLICATED) PAGE 1
 DATE: 01 MAR 91 IMPATIENT REPORT BASED ON BENEFICIARY RESIDENCE ZIP CODE COLLECTION PERIOD:
 TIME: 07:20:20 FOR CARE RECEIVED FROM OCT 1989 THRU SEP, 1990 15 MONTHS

CATEGORY OF CARE-INTERNAL MEDICINE									
TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	ADVERSE REACTIONS	ALLERGY	CARDIOLOGY (VASCULAR DISEASE)	DERMATOLOGY	ENDOCRINOLOGY	GASTRO- ENTEROLOGY	HEMATOLOGY		
EMERGENCY MEDICAL TREATMENT (NO HAS REQUIRED)	0	0	17	0	1	3	0		
USERS BENEFICIARIES	0	0	19	0	0	2	0		
HOSPITAL DAYS	0	0	36	0	0	8	0		
AVERAGE LENGTH OF STAY	-00	-00	4.00	-00	-00	4.00	-00		
AVERAGE DAILY PATIENT LOAD	-00	-00	0.09	-00	-00	0.02	-00		
TOTAL PATIENT COST	0	0	46,542	0	172	5,068	0		
TOTAL PATIENT COST	0	0	16,557	0	57	2,069	0		
TOTAL PATIENT COST	0	0	41,099	0	229	7,137	0		
AVERAGE GOVERNMENT AND PATIENT COST	-00	-00	5,171.33	-00	-00	2,534.00	3,737.00		
AVERAGE GOVERNMENT COST/DAY	-00	-00	1,282.83	-00	-00	433.50	-00		
IMPATIENT CARE ** (NO HAS REQUIRED)	0	0	24	0	1	3	1		
USERS BENEFICIARIES	0	0	24	0	0	0	0		
HOSPITAL DAYS	0	0	13	0	0	0	0		
AVERAGE LENGTH OF STAY	-00	-00	2.60	-00	-00	-00	-00		
AVERAGE DAILY PATIENT LOAD	-00	-00	0.03	-00	-00	-00	-00		
TOTAL GOVERNMENT COST	0	0	16,443	0	40	340	9		
TOTAL PATIENT COST	0	0	39,291	0	283	1,153	121		
TOTAL PATIENT COST	0	0	75,734	0	323	1,493	89,263.00		
AVERAGE GOVERNMENT AND PATIENT COST	-00	-00	3,288.60	-00	-00	-00	-00		
AVERAGE GOVERNMENT COST/DAY	-00	-00	1,264.84	-00	-00	-00	-00		
IMPATIENT CARE ** (HAS REQUIRED)	0	0	8	0	0	1	1		
USERS BENEFICIARIES	0	0	8	0	0	0	0		
HOSPITAL DAYS	0	0	8	0	0	0	0		
AVERAGE LENGTH OF STAY	-00	-00	2.00	-00	-00	-00	-00		
AVERAGE DAILY PATIENT LOAD	-00	-00	0.02	-00	-00	-00	-00		
TOTAL GOVERNMENT COST	0	0	22,478	0	0	260	7.00		
TOTAL PATIENT COST	0	0	4,209	0	0	0	0.01		
TOTAL PATIENT COST	0	0	26,687	0	0	740	1,438		
AVERAGE GOVERNMENT AND PATIENT COST	-00	-00	2,616.50	-00	-00	-00	1,039		
AVERAGE GOVERNMENT COST/DAY	-00	-00	2,809.75	-00	-00	-00	65,136.00		
GRAND TOTAL	0	0	45	0	2	7	2		
USERS BENEFICIARIES	0	0	16	0	0	8	0		
HOSPITAL DAYS	0	0	57	0	0	0	0		
AVERAGE LENGTH OF STAY	-00	-00	3.16	-00	-00	4.00	7.00		
AVERAGE DAILY PATIENT LOAD	-00	-00	0.15	-00	-00	0.02	0.01		
TOTAL GOVERNMENT COST	0	0	85,463	0	212	9,168	1,410		
TOTAL PATIENT COST	0	0	80,057	0	340	3,222	1,750		
TOTAL PATIENT COST	0	0	165,520	0	552	9,290	3,160		
AVERAGE GOVERNMENT AND PATIENT COST	-00	-00	4,747.94	-00	-00	3,084.00	36,630.33		
AVERAGE GOVERNMENT COST/DAY	-00	-00	1,499.35	-00	-00	771.00	201.42		

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.:
 CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A
 CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: 93130-001
 DATE: 01 MAR 91
 TIME: 07:20:20
 023 - MAYS AM FT ORD, CA (UNDUPLICATED)
 IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE)
 FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
 RETIREES
 PAGE 2
 COLLECTION PERIOD:
 15 MONTHS

CATEGORY OF CARE-INTERNAL MEDICINE									
TOTAL IMPATIENT CARE	INFECTIOUS DISEASE	NEPHROLOGY	NEUROLOGY	MUTRITIONAL	PULMONARY/ RESPIRATORY	RHEUMATOLOGY	OTHER		
(NO WAS REQUIRED)									
USER BENEFICIARIES	00	00	00	00	00	00	00	00	00
ADMISSIONS	00	00	00	00	00	00	00	00	00
HOSPITAL DAYS	00	00	00	00	00	00	00	00	00
AVERAGE LENGTH OF STAY	00	00	00	00	00	00	00	00	00
AVERAGE DAILY PATIENT LOAD	00	00	00	00	00	00	00	00	00
TOTAL PATIENT COST	00	00	00	00	00	00	00	00	00
TOTAL GOVERNMENT COST	00	00	00	00	00	00	00	00	00
TOTAL PATIENT AND PATIENT COST	00	00	00	00	00	00	00	00	00
AVERAGE GOVERNMENT COST/ADMISSION	00	00	00	00	00	00	00	00	00
AVERAGE GOVERNMENT COST/DAY	00	00	00	00	00	00	00	00	00
IMPATIENT CARE **									
(NO WAS REQUIRED)									
USER BENEFICIARIES	00	00	00	00	00	00	00	00	00
ADMISSIONS	00	00	00	00	00	00	00	00	00
HOSPITAL DAYS	00	00	00	00	00	00	00	00	00
AVERAGE LENGTH OF STAY	00	00	00	00	00	00	00	00	00
AVERAGE DAILY PATIENT LOAD	00	00	00	00	00	00	00	00	00
TOTAL PATIENT COST	00	00	00	00	00	00	00	00	00
TOTAL GOVERNMENT COST	00	00	00	00	00	00	00	00	00
TOTAL PATIENT AND PATIENT COST	00	00	00	00	00	00	00	00	00
AVERAGE GOVERNMENT COST/ADMISSION	00	00	00	00	00	00	00	00	00
AVERAGE GOVERNMENT COST/DAY	00	00	00	00	00	00	00	00	00
IMPATIENT CARE **									
(NO WAS REQUIRED)									
USER BENEFICIARIES	00	00	00	00	00	00	00	00	00
ADMISSIONS	00	00	00	00	00	00	00	00	00
HOSPITAL DAYS	00	00	00	00	00	00	00	00	00
AVERAGE LENGTH OF STAY	00	00	00	00	00	00	00	00	00
AVERAGE DAILY PATIENT LOAD	00	00	00	00	00	00	00	00	00
TOTAL PATIENT COST	00	00	00	00	00	00	00	00	00
TOTAL GOVERNMENT COST	00	00	00	00	00	00	00	00	00
TOTAL PATIENT AND PATIENT COST	00	00	00	00	00	00	00	00	00
AVERAGE GOVERNMENT COST/ADMISSION	00	00	00	00	00	00	00	00	00
AVERAGE GOVERNMENT COST/DAY	00	00	00	00	00	00	00	00	00
GRAND TOTAL									
USER BENEFICIARIES	00	00	00	00	00	00	00	00	00
ADMISSIONS	00	00	00	00	00	00	00	00	00
HOSPITAL DAYS	00	00	00	00	00	00	00	00	00
AVERAGE LENGTH OF STAY	00	00	00	00	00	00	00	00	00
AVERAGE DAILY PATIENT LOAD	00	00	00	00	00	00	00	00	00
TOTAL PATIENT COST	00	00	00	00	00	00	00	00	00
TOTAL GOVERNMENT COST	00	00	00	00	00	00	00	00	00
TOTAL PATIENT AND PATIENT COST	00	00	00	00	00	00	00	00	00
AVERAGE GOVERNMENT COST/ADMISSION	00	00	00	00	00	00	00	00	00
AVERAGE GOVERNMENT COST/DAY	00	00	00	00	00	00	00	00	00

* THE FOLLOWING CARE DOES NOT REQUIRE AN M-A 2-: CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN IMPATIENT MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

CATEGORY OF CARE									
PSYCHIATRY GROUP 1									
PSYCHIATRY GROUP 2									
SPECIAL PEDIATRICS									
DENTAL									
OSTETRICS									
GYN/ECOLOG									
OPTHALMOLOGY									
EMERGENCY MEDICAL TREATMENT									
(NO WAS REQUIRED)									
USER BENEFICIARIES									
ADMISSIONS									
HOSPITAL DAYS									
AVERAGE LENGTH OF STAY									
AVERAGE DAILY PATIENT LOAD									
TOTAL GOVERNMENT COST									
TOTAL PATIENT COST									
TOTAL GOVERNMENT AND PATIENT COST									
AVERAGE GOVERNMENT COST/ADMISSION									
AVERAGE GOVERNMENT COST/DAY									
IMPATIENT CARE **									
(NO WAS REQUIRED)									
USER BENEFICIARIES									
ADMISSIONS									
HOSPITAL DAYS									
AVERAGE LENGTH OF STAY									
AVERAGE DAILY PATIENT LOAD									
TOTAL GOVERNMENT COST									
TOTAL PATIENT COST									
TOTAL GOVERNMENT AND PATIENT COST									
AVERAGE GOVERNMENT COST/ADMISSION									
AVERAGE GOVERNMENT COST/DAY									
IMPATIENT CARE **									
(NO WAS REQUIRED)									
USER BENEFICIARIES									
ADMISSIONS									
HOSPITAL DAYS									
AVERAGE LENGTH OF STAY									
AVERAGE DAILY PATIENT LOAD									
TOTAL GOVERNMENT COST									
TOTAL PATIENT COST									
TOTAL GOVERNMENT AND PATIENT COST									
AVERAGE GOVERNMENT COST/ADMISSION									
AVERAGE GOVERNMENT COST/DAY									
GRAND TOTAL									
USER BENEFICIARIES									
ADMISSIONS									
HOSPITAL DAYS									
AVERAGE LENGTH OF STAY									
AVERAGE DAILY PATIENT LOAD									
TOTAL GOVERNMENT COST									
TOTAL PATIENT COST									
TOTAL GOVERNMENT AND PATIENT COST									
AVERAGE GOVERNMENT COST/ADMISSION									
AVERAGE GOVERNMENT COST/DAY									

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.:
 CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY; NURSING FACILITY; RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN IMPATIENT MHS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: 0130-001
DATE: 01 MAR 91
TIME: 07:20:20

023 - DAYS AN FT ORD, CA (UNDUPLICATED)
IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE)
FOR CARE RECEIVED FROM OCT 1989 THRU SEP, 1990
RETIREES

PAGE 4
COLLECTION PERIOD:
15 MONTHS

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY										GRAND TOTAL	
										FOR ALL	
										CATEGORIES	
TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO- SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY					
EMERGENCY MEDICAL TREATMENT											
(NO WAS REQUIRED)											
USERS BENEFICIARIES	0	6	4	4	2	2				49	
ADMISSIONS	0	4	13	3	0	4				197	
HOSPITAL DAYS	0	10	40	5	0	2				139	
AVERAGE LENGTH OF STAY	0.00	4.33	3.08	3.00	0.00	2.00				5.05	
AVERAGE DAILY PATIENT LOAD	0.00	1.0	1.0	0.0	0.0	0.01				53	
TOTAL PATIENT COST	0	28,291	6,654	6,104	218	7,049				168,641	
TOTAL GOVERNMENT COST	0	11,731	3,093	3,084	0	1,559				44,757	
TOTAL GOVERNMENT AND PATIENT COST	0	40,022	9,747	9,190	293	8,608				233,398	
AVERAGE GOVERNMENT COST/ADMISSION	0.00	7,072.75	2,218.00	4,104.00	0.00	3,524.50				4,324.12	
AVERAGE GOVERNMENT COST/DAY	0.00	707.27	511.84	2,034.66	0.00	1,762.25				856.04	
IMPATIENT CARE *											
(NO WAS REQUIRED)											
USERS BENEFICIARIES	0	13	4	4	1	7				59	
ADMISSIONS	0	13	2	2	0	0				11	
HOSPITAL DAYS	0	1.66	2.00	2.00	0.00	0.00				27	
AVERAGE LENGTH OF STAY	0.00	1.66	2.00	2.00	0.00	0.00				2.45	
AVERAGE DAILY PATIENT LOAD	0.00	5.78	1.99	7.00	241	3.006				13.04	
TOTAL PATIENT COST	0	15,053	15,008	4,782	655	12,869				125,120	
TOTAL GOVERNMENT COST	0	18,831	16,507	5,482	695	12,869				125,120	
TOTAL GOVERNMENT AND PATIENT COST	0	1,926.00	1,495.50	700.00	0.00	0.00				3,191.27	
AVERAGE GOVERNMENT COST/ADMISSION	0.00	1,135.60	749.50	350.00	0.00	0.00				1,300.14	
AVERAGE GOVERNMENT COST/DAY	0.00	1,135.60	749.50	350.00	0.00	0.00				1,300.14	
IMPATIENT CARE **											
(NO WAS REQUIRED)											
USERS BENEFICIARIES	1	6	3	2	1	1				26	
ADMISSIONS	0	4	17	5	7	4				21	
HOSPITAL DAYS	0	18	8.50	5.00	7.00	4.00				178	
AVERAGE LENGTH OF STAY	0.00	4.50	5.00	5.00	7.00	4.00				8.47	
AVERAGE DAILY PATIENT LOAD	0.00	17.04	28.200	9.449	9.099	3.733				133.248	
TOTAL PATIENT COST	221	5,874	11,224	1,540	1,643	1,643				55,240	
TOTAL GOVERNMENT COST	494	22,913	39,424	10,989	11,770	5,394				182,488	
TOTAL GOVERNMENT AND PATIENT COST	0	4,260.25	14,100.00	9,446.00	9,916.00	3,733.00				6,748.58	
AVERAGE GOVERNMENT COST/ADMISSION	0.00	946.72	1,458.82	1,886.80	1,417.00	933.25				1,723.00	
AVERAGE GOVERNMENT COST/DAY	0.00	946.72	1,458.82	1,886.80	1,417.00	933.25				1,723.00	
GRAND TOTAL											
USERS BENEFICIARIES	1	23	13	9	4	10				122	
ADMISSIONS	0	11	32	10	7	8				171	
HOSPITAL DAYS	0	43	32	3.33	7.00	2.66				402	
AVERAGE LENGTH OF STAY	0.00	5.72	5.00	3.33	7.00	2.66				5.40	
AVERAGE DAILY PATIENT LOAD	0.00	1.17	3.08	1.67	10.378	13.726				336.993	
TOTAL PATIENT COST	221	51,110	36,327	16,253	12,358	13,083				571,118	
TOTAL GOVERNMENT COST	275	30,658	65,880	25,661	12,358	26,803				3,746.18	
TOTAL GOVERNMENT AND PATIENT COST	496	81,768	102,207	41,914	24,716	40,886				4,492.36	
AVERAGE GOVERNMENT COST/ADMISSION	0.00	4,066.36	6,058.83	5,411.66	1,376.00	1,723.00				1,723.00	
AVERAGE GOVERNMENT COST/DAY	0.00	4,066.36	6,058.83	5,411.66	1,376.00	1,723.00				1,723.00	

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.:
CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: 73130-001
 DATE: 01 MAR 91
 TIME: 07:20:20
 IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE)
 FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
 COLLECTION PERIOD:
 12 MONTHS

TOTAL IMPATIENT CARE		CATEGORY OF CARE-INTERNAL MEDICINE			
(HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)		ADVERSE REACTIONS	ALLERGY	DERMATOLOGY	ENDOCRINOLOGY
EMERGENCY MEDICAL TREATMENT (NO HAS RECEIVED)		4	2	21	0
USE BENEFICIARIES		4	2	21	0
HOSPITAL DAYS		1.50	3.50	2.95	0
AVERAGE LENGTH OF STAY		0.01	0.01	0.01	0
TOTAL GOVERNMENT COST		6.902	3.843	376	0
TOTAL PATIENT COST		2,726	1,886	79,233	0
TOTAL GOVERNMENT AND PATIENT COST		9,628	5,729	19,220	0
AVERAGE GOVERNMENT COST/ADMISSION		1,725.50	1,921.50	3,466.63	0
AVERAGE GOVERNMENT COST/DAY		1,150.33	549.00	1,172.54	0
IMPATIENT CARE *		1	2	9	1
(NO HAS RECEIVED)		1	2	9	1
USE BENEFICIARIES		1	2	9	1
HOSPITAL DAYS		0.00	0.00	0.00	0.00
AVERAGE LENGTH OF STAY		0.00	0.00	0.00	0.00
TOTAL GOVERNMENT COST		0.00	0.00	0.00	0.00
TOTAL PATIENT COST		134	40	11	4.00
TOTAL GOVERNMENT AND PATIENT COST		134	40	11	4.00
AVERAGE GOVERNMENT COST/ADMISSION		193	159	12,079	2,355
AVERAGE GOVERNMENT COST/DAY		0.00	0.00	97,676.00	904.00
IMPATIENT CARE **		0	0	0	0
(NO HAS RECEIVED)		0	0	0	0
USE BENEFICIARIES		0	0	0	0
HOSPITAL DAYS		0.00	0.00	0.00	0.00
AVERAGE LENGTH OF STAY		0.00	0.00	0.00	0.00
TOTAL GOVERNMENT COST		0.00	0.00	0.00	0.00
TOTAL PATIENT COST		0.00	0.00	0.00	0.00
TOTAL GOVERNMENT AND PATIENT COST		0.00	0.00	0.00	0.00
AVERAGE GOVERNMENT COST/ADMISSION		0.00	0.00	0.00	0.00
AVERAGE GOVERNMENT COST/DAY		0.00	0.00	0.00	0.00
GRAND TOTAL BENEFICIARIES		7	5	37	4
ADMISSIONS		7	5	37	4
HOSPITAL DAYS		1.50	3.50	2.95	0
AVERAGE LENGTH OF STAY		0.01	0.01	0.01	0
TOTAL GOVERNMENT COST		6,941	4,115	376	0
TOTAL PATIENT COST		2,880	2,122	252,964	0
TOTAL GOVERNMENT AND PATIENT COST		9,821	6,237	42,005	0
AVERAGE GOVERNMENT COST/ADMISSION		1,735.25	2,057.50	7,665.57	0
AVERAGE GOVERNMENT COST/DAY		1,155.83	587.85	1,833.07	0

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.-1: CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY; NURSING FACILITY; RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN IMPATIENT MHS MEDICAL TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

PAGE 2
COLLECTION PERIOD:
15 MONTHS

	CATEGORY OF CARE-INTERNAL MEDICINE					
	INFECTIOUS DISEASE	NEPHROLOG.	NEUROLOGY	NUTRITIONAL	PULMONARY/ RESPIRATORY	OTHER
TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPAINT)						
EMERGENCY MEDICAL TREATMENT						
(WHO WAS REQUESTED)						
USED GENERALIST						
ADMISSIONS	0	1	4	1	20	2
HOSPITAL DAYS	0	0	10	0	10	0
AVERAGE LENGTH OF STAY			3		.41	
AVERAGE DAILY PATIENT LOAD	.00	.00	3.02	.00	4.10	.00
TOTAL GOVERNMENT COST	.00	.973	1.18	1.36	.11	.00
TOTAL PATIENT COST	0	.973	1.38	1.36	.11	.00
TOTAL GOVERNMENT AND PATIENT COST	.00	1.947	2.56	2.72	.22	.00
AVERAGE GOVERNMENT COST/PATIENT			1.05	1.58	.46	
AVERAGE GOVERNMENT COST/DAYS			1.51	.00	.57	

PATIENT CASE #	AGE	SEX	DATE OF BIRTH	DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PAYMENT LOAD	TOTAL GOVERNMENT COST	TOTAL PAYMENT COST	TOTAL GOVERNMENT AND PATIENT COST	AVERAGE GOVERNMENT COST/ADMISSION	AVERAGE GOVERNMENT COST/DAY
1	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
2	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
3	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
4	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
5	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
6	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
7	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
8	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
9	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
10	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
11	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
12	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
13	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
14	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
15	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
16	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
17	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
18	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
19	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
20	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
21	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
22	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
23	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
24	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
25	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
26	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
27	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
28	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
29	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
30	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
31	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
32	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
33	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
34	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
35	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
36	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
37	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1
38	2	M	1/1/50	1/1/50	1/1/50	1	1	1	1	1	1	1	1

[illegible][illegible][illegible]

•• CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT M01 78130-001

DATE: 01 MAR 91

TIME: 07:20:20

023 - DAYS AM FT ORD, CA (UNDUPLICATED)
 IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
 FOR CARE RECEIVED FROM OCT. 1989 THRU SEP. 1990
 BENEFICIARIES OF RETIREE OR DECEASED

PAGE 4
 COLLECTION PERIOD:
 15 MONTHS

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY										GRAND TOTAL FOR ALL CATEGORIES	
TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY					
EMERGENCY MEDICAL TREATMENT											
(DO NOT REFINISH)											
USEN BENEFICIARIES	1	3	4	4	1	0					
ADMISSIONS	2	3	4	4	0	0					
HOSPITAL DAYS	2.00	9.33	11.00	11.00	.00	.00					
AVERAGE LENGTH OF STAY	1.33	24.00	78.00	15.00	1.52	.00					
AVERAGE DAILY PATIENT LOAD	1.33	24.00	78.00	15.00	1.52	.00					
TOTAL GOVERNMENT COST	1.33	10.00	15.00	15.00	2.54	.00					
TOTAL PATIENT COST	1.33	35.00	93.00	19.00	2.00	.00					
TOTAL GOVERNMENT AND PATIENT COST	1.33	45.00	108.00	34.00	4.54	.00					
AVERAGE GOVERNMENT COST/DAY	1.33	8.10	11.70	11.70	.00	.00					
AVERAGE GOVERNMENT COST/DAY	1.33	8.10	11.70	11.70	.00	.00					
INPATIENT CARE											
(DO NOT REFINISH)											
USEN BENEFICIARIES	0	14	3	0	4	7					
ADMISSIONS	0	12	0	0	4	0					
HOSPITAL DAYS	.00	2.00	.00	.00	.00	.00					
AVERAGE LENGTH OF STAY	.00	2.00	.00	.00	.00	.00					
AVERAGE DAILY PATIENT LOAD	.00	2.00	.00	.00	.00	.00					
TOTAL GOVERNMENT COST	.00	1.33	.00	.00	2.54	1.70					
TOTAL PATIENT COST	.00	1.33	.00	.00	2.54	1.70					
TOTAL GOVERNMENT AND PATIENT COST	.00	1.33	.00	.00	2.54	1.70					
AVERAGE GOVERNMENT COST/DAY	.00	1.33	.00	.00	2.54	1.70					
AVERAGE GOVERNMENT COST/DAY	.00	1.33	.00	.00	2.54	1.70					
INPATIENT CARE											
(DO NOT REFINISH)											
USEN BENEFICIARIES	2	10	4	3	2	3					
ADMISSIONS	0	2	2	1	1	1					
HOSPITAL DAYS	.00	3.14	9.23	5.04	3.00	1.70					
AVERAGE LENGTH OF STAY	.00	3.14	9.23	5.04	3.00	1.70					
AVERAGE DAILY PATIENT LOAD	.00	3.14	9.23	5.04	3.00	1.70					
TOTAL GOVERNMENT COST	.00	1.33	3.00	1.04	2.54	1.70					
TOTAL PATIENT COST	.00	1.33	3.00	1.04	2.54	1.70					
TOTAL GOVERNMENT AND PATIENT COST	.00	1.33	3.00	1.04	2.54	1.70					
AVERAGE GOVERNMENT COST/DAY	.00	1.33	3.00	1.04	2.54	1.70					
AVERAGE GOVERNMENT COST/DAY	.00	1.33	3.00	1.04	2.54	1.70					
GRAND TOTAL											
USEN BENEFICIARIES	3	31	10	20	7	10					
ADMISSIONS	1	14	8	7	2	1					
HOSPITAL DAYS	2.00	3.14	10.22	11.00	4.50	1.70					
AVERAGE LENGTH OF STAY	2.00	3.14	10.22	11.00	4.50	1.70					
AVERAGE DAILY PATIENT LOAD	2.00	3.14	10.22	11.00	4.50	1.70					
TOTAL GOVERNMENT COST	2.00	1.33	3.00	1.04	2.54	1.70					
TOTAL PATIENT COST	2.00	1.33	3.00	1.04	2.54	1.70					
TOTAL GOVERNMENT AND PATIENT COST	2.00	1.33	3.00	1.04	2.54	1.70					
AVERAGE GOVERNMENT COST/DAY	2.00	1.33	3.00	1.04	2.54	1.70					
AVERAGE GOVERNMENT COST/DAY	2.00	1.33	3.00	1.04	2.54	1.70					

02:02:40 : BUILD : 07:20:20

03 - DAYS AM FT ORD, CA (UNDUPLICATED)
 IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE)
 FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
 TOTAL ALL CATEGORIES OF BENEFICIARIES

PAGE 1
COLLECTION PERIOD:
15 MONTHS

TOTAL INPATIENT CASES (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)		ADVERSE REACTIONS		ALLERGY		CATEGORY OF CARE-INTERNAL MEDICINE				GASTRO- ENTEROLOG		HEMATOLOGY	
						DERMATOLOGY		ENDOCRINOLOGY		ENTEROLOG			
SUBSEQUENT MEDICAL TREATMENT (MEDS AND PROCEDURES)													
USERS OR OBSERVERS													
HOSPITAL DAYS													
AVERAGE LENGTH OF STAY													
AVERAGE DAILY PATIENT LOAD													
TOTAL GOVERNMENT COST													
TOTAL PATIENT COST													
TOTAL GOVERNMENT AND PATIENT COST													
AVERAGE GOVERNMENT COST/ADMISSION													
AVERAGE GOVERNMENT COST/DAY													
INPATIENT CASE *													
USERS OR OBSERVERS													
HOSPITAL DAYS													
AVERAGE LENGTH OF STAY													
AVERAGE DAILY PATIENT LOAD													
TOTAL GOVERNMENT COST													
TOTAL PATIENT COST													
TOTAL GOVERNMENT AND PATIENT COST													
AVERAGE GOVERNMENT COST/ADMISSION													
AVERAGE GOVERNMENT COST/DAY													
INPATIENT CASE **													
USERS OR OBSERVERS													
HOSPITAL DAYS													
AVERAGE LENGTH OF STAY													
AVERAGE DAILY PATIENT LOAD													
TOTAL GOVERNMENT COST													
TOTAL PATIENT COST													
TOTAL GOVERNMENT AND PATIENT COST													
AVERAGE GOVERNMENT COST/ADMISSION													
AVERAGE GOVERNMENT COST/DAY													
GRAND TOTAL													
USERS OR OBSERVERS													
HOSPITAL DAYS													
AVERAGE LENGTH OF STAY													
AVERAGE DAILY PATIENT LOAD													
TOTAL GOVERNMENT COST													
TOTAL PATIENT COST													
TOTAL GOVERNMENT AND PATIENT COST													
AVERAGE GOVERNMENT COST/ADMISSION													
AVERAGE GOVERNMENT COST/DAY													

[illegible]

→ CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT, MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

123 - DAYS AN FT ORD, CA (UNDUPLICATED)
 IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE)
 DATE: 01 MAR 91 FOR CARE RECEIVED FROM OCT, 1989 THROUGH SEP, 1990
 TIME: 07:20:20 TOTAL ALL CATEGORIES OF BENEFICIARIES

CATEGORY OF CARE-INTERNAL MEDICINE									
TOTAL IMPATIENT CARE									
(HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	INFECTIOUS DISEASE	NEPHROLOGY	NEUROLOGY	NUTRITIONAL	PULMONARY/ RESPIRATORY	RHEUMATOLOGY	OTHER		
EMERGENCY MEDICAL TREATMENT									
(NO WAS REQUIRED)	4	3	20	2	54	0	10		
USERS BENEFICIARIES	13	1	15	0	27	0	3		
HOSPITAL DAYS	5	2	60	0	103	0	16		
AVERAGE LENGTH OF STAY	0.00	2.00	4.00	0.00	3.81	0.00	5.33		
AVERAGE DAILY PATIENT LOAD	0.00	0.00	6.00	0.00	3.81	0.00	5.33		
TOTAL GOVERNMENT COST	6,336	4,033	58,410	1,397	114,005	0	4,997		
TOTAL PATIENT COST	140	37	14,197	375	29,402	0	3,485		
TOTAL GOVERNMENT AND PATIENT COST	6,476	4,070	72,607	1,772	143,407	0	8,482		
AVERAGE GOVERNMENT COST/ADMISSION	2,112.00	4,053.00	5,841.00	1,772.00	4,222.40	0.00	1,465.66		
AVERAGE GOVERNMENT COST/DAY	422.40	2,026.50	973.50	1,106.84	1,106.84	0.00	312.31		
IMPATIENT CARE *									
(NO WAS REQUIRED)	0	2	7	0	21	0	32		
USERS BENEFICIARIES	0	1	0	0	3	0	15		
HOSPITAL DAYS	0	3	0	0	34	0	152		
AVERAGE LENGTH OF STAY	0.00	3.00	0.00	0.00	6.80	0.00	10.13		
AVERAGE DAILY PATIENT LOAD	0.00	0.00	0.00	0.00	6.80	0.00	10.13		
TOTAL GOVERNMENT COST	0	1,641	10,426	0	44,124	0	224,081		
TOTAL PATIENT COST	0	1,041	10,426	0	22,571	0	7,132		
TOTAL GOVERNMENT AND PATIENT COST	0	2,682	20,852	0	66,695	0	231,213		
AVERAGE GOVERNMENT COST/ADMISSION	0.00	1,341.00	1,042.60	0.00	3,176.43	0.00	1,156.06		
AVERAGE GOVERNMENT COST/DAY	0.00	341.00	260.65	0.00	793.61	0.00	289.02		
IMPATIENT CARE **									
(NO WAS REQUIRED)	0	9	14	2	29	0	124		
USERS BENEFICIARIES	0	6	15	0	11	0	94		
HOSPITAL DAYS	0	60	56	0	78	0	403		
AVERAGE LENGTH OF STAY	0.00	10.00	11.20	0.00	7.09	0.00	5.13		
AVERAGE DAILY PATIENT LOAD	0.00	1.67	1.33	0.00	1.21	0.00	1.32		
TOTAL GOVERNMENT COST	5,772	71,174	57,339	203	103,484	32,567	354,006		
TOTAL PATIENT COST	1,516	79,071	58,377	203	15,955	16,271	2,016		
TOTAL GOVERNMENT AND PATIENT COST	7,288	150,245	115,716	406	119,439	48,838	356,022		
AVERAGE GOVERNMENT COST/ADMISSION	0.00	11,662.33	8,265.43	0.00	9,268.43	6,513.40	3,772.40		
AVERAGE GOVERNMENT COST/DAY	0.00	1,106.23	1,027.48	0.00	1,326.71	672.71	473.14		
GRAND TOTAL									
USERS BENEFICIARIES	10	14	37	4	98	12	163		
HOSPITAL DAYS	13	8	115	0	43	12	112		
AVERAGE LENGTH OF STAY	1.30	0.57	3.11	0.00	0.43	0.17	0.69		
AVERAGE DAILY PATIENT LOAD	0.33	0.21	3.11	0.00	0.11	0.03	0.31		
TOTAL GOVERNMENT COST	12,108	76,868	120,173	1,402	243,613	33,599	584,084		
TOTAL PATIENT COST	1,454	79,214	58,377	1,972	10,928	16,271	13,370		
TOTAL GOVERNMENT AND PATIENT COST	13,562	156,082	178,550	3,374	254,541	49,870	597,454		
AVERAGE GOVERNMENT COST/ADMISSION	4,035.60	11,148.57	8,015.44	0.00	2,594.43	1,546.80	1,825.03		
AVERAGE GOVERNMENT COST/DAY	807.20	1,118.58	1,035.99	0.00	518.87	257.80	457.51		

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.:
 CARE COVERED BY OTHER HEALTH INSURANCE, CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER, CARE BY A CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.
 ** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

023 - HAYS AM FT ORD, CA
 IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE)
 FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
 TOTAL ALL CATEGORIES OF BENEFICIARIES

COLLECTION PERIOD:
 15 MONTHS

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY									
EMERGENCY MEDICAL TREATMENT	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY	GRAND TOTAL FOR ALL CATEGORIES		
(NO GAS REQUIRED)									
ADMISSIONS	2	33	13	23	3	3			266
HOSPITAL DAYS	1	13	61	97	0	6			183
AVERAGE LENGTH OF STAY	2.00	7.00	6.77	9.70	0.00	2.00			895
AVERAGE DAILY PATIENT LOAD	1.00	2.4	1.14	2.24	0.00	1.00			2.43
TOTAL PATIENT COST	1,013	98,482	102,622	80,388	1,780	9,426			872,674
TOTAL GOVERNMENT COST	537	22,675	18,594	24,683	2,389	1,597			183,125
TOTAL PATIENT AND PATIENT COST	1,550	121,157	121,216	104,971	2,389	11,023			1,055,799
AVERAGE GOVERNMENT COST/ADMISSION	1,413.00	7,575.33	11,405.44	8,026.80	2,389.00	3,742.00			4,768.71
AVERAGE GOVERNMENT COST/DAY	700.50	1,082.21	1,482.32	827.71	0.00	1,571.00			975.03

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY									
EMERGENCY MEDICAL TREATMENT	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY	GRAND TOTAL FOR ALL CATEGORIES		
(NO GAS REQUIRED)									
ADMISSIONS	2	39	9	14	3	20			274
HOSPITAL DAYS	1	13	2	2	6	0			61
AVERAGE LENGTH OF STAY	2.00	4.07	2.00	2.00	6.00	0.00			1,113
AVERAGE DAILY PATIENT LOAD	1.00	1.4	0.25	0.25	0.01	0.00			18.24
TOTAL PATIENT COST	1,537	149,480	3,625	3,707	2,587	4,712			3,04
TOTAL GOVERNMENT COST	31	4,382	2,478	3,707	1,587	4,712			1,052,726
TOTAL PATIENT AND PATIENT COST	1,568	153,862	6,103	7,414	3,174	9,424			3,01,189
AVERAGE GOVERNMENT COST/ADMISSION	1,537.00	21,042.30	3,945.56	5,290.00	1,587.00	23,036			1,413,043
AVERAGE GOVERNMENT COST/DAY	768.50	3,201.50	1,982.50	2,703.00	2,587.00	451.16			17,258.62

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY									
EMERGENCY MEDICAL TREATMENT	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY	GRAND TOTAL FOR ALL CATEGORIES		
(NO GAS REQUIRED)									
ADMISSIONS	8	44	14	18	4	15			497
HOSPITAL DAYS	3	124	101	39	21	4			397
AVERAGE LENGTH OF STAY	1.00	5.14	8.27	4.33	5.25	6.25			2,867
AVERAGE DAILY PATIENT LOAD	1.00	1.77	0.27	1.30	0.05	0.06			7.22
TOTAL PATIENT COST	14,724	202,137	124,215	74,312	50,914	24,598			2,761,051
TOTAL GOVERNMENT COST	2,228	12,904	15,272	14,797	2,724	2,219			227,114
TOTAL PATIENT AND PATIENT COST	16,952	215,041	139,487	89,109	53,638	26,817			2,988,165
AVERAGE GOVERNMENT COST/ADMISSION	5,392.00	8,425.77	10,231.81	8,256.88	7,052.50	6,096.50			6,954.78
AVERAGE GOVERNMENT COST/DAY	5,392.00	1,610.1	1,231.81	1,005.43	1,472.09	975.92			963.04

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY									
EMERGENCY MEDICAL TREATMENT	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY	GRAND TOTAL FOR ALL CATEGORIES		
(NO GAS REQUIRED)									
ADMISSIONS	12	108	33	34	12	40			950
HOSPITAL DAYS	7	50	22	23	27	7			641
AVERAGE LENGTH OF STAY	1.40	2.68	1.66	1.38	2.25	3.1			4,875
AVERAGE DAILY PATIENT LOAD	1.00	7.44	1.44	6.50	5.40	4.42			7.60
TOTAL PATIENT COST	19,124	470,209	230,860	160,010	35,261	38,536			4,686,501
TOTAL GOVERNMENT COST	2,294	78,021	67,346	65,187	4,900	22,142			5,771,428
TOTAL PATIENT AND PATIENT COST	21,418	548,230	298,206	225,197	40,161	60,678			5,457,929
AVERAGE GOVERNMENT COST/ADMISSION	3,826.20	9,405.68	10,498.38	8,006.50	7,052.50	5,505.14			5,311.23
AVERAGE GOVERNMENT COST/DAY	2,712.28	1,756.84	1,408.29	1,159.39	1,305.96	1,243.09			941.33

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S. CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN IMPATIENT MMS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MMS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: 01130-001
 DATE: 07 MAR 61
 TIME: 07:20:00

2023 - DAYS AM FT ORD, CA
 IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE)
 FOR CARE RECEIVED FROM OCT, 1959 THRU SEP, 1960

023 - MAYS AM FT ORD, CA
 (UNREPLICATED)
 IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE)
 FOR CARE RECEIVED FROM OCT, 1959 THRU SEP, 1960

023 - MAYS AM FT ORD, CA
 (UNREPLICATED)
 IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE)
 FOR CARE RECEIVED FROM OCT, 1959 THRU SEP, 1960

TOTAL IMPATIENT CARE (MAY, 1961 AND PROFESSIONAL SERVICES IMPATIENT)	DEPENDENTS OF ACTIVE DUTY	RETIRES	DEPENDENTS OF RETIRED OR DECEASED	TOTAL ALL CATEGORIES OF BENEFICIARIES
EMERGENCY MEDICAL TREATMENT (MAY, 1961 AND PROFESSIONAL SERVICES IMPATIENT)	120	49	49	218
ADMISSIONS	120	49	49	218
AVERAGE LENGTH OF STAY	3.7	107	5.09	4.89
AVERAGE DAILY PATIENT LOAD	4.00	5.05	5.09	4.89
TOTAL PATIENT COST	331,223	148,641	372,671	852,535
TOTAL GOVERNMENT COST	331,223	148,641	372,671	852,535
TOTAL GOVERNMENT AND PATIENT COST	331,223	148,641	372,671	852,535
AVERAGE GOVERNMENT COST/DAY	4,107.78	2,327.12	4,916.14	4,774.21
AVERAGE GOVERNMENT AND PATIENT COST/DAY	4,107.78	2,327.12	4,916.14	4,774.21

EMERGENCY MEDICAL TREATMENT (MAY, 1961 AND PROFESSIONAL SERVICES IMPATIENT)	120	49	49	218
ADMISSIONS	120	49	49	218
AVERAGE LENGTH OF STAY	3.7	107	5.09	4.89
AVERAGE DAILY PATIENT LOAD	4.00	5.05	5.09	4.89
TOTAL PATIENT COST	331,223	148,641	372,671	852,535
TOTAL GOVERNMENT COST	331,223	148,641	372,671	852,535
TOTAL GOVERNMENT AND PATIENT COST	331,223	148,641	372,671	852,535
AVERAGE GOVERNMENT COST/DAY	4,107.78	2,327.12	4,916.14	4,774.21
AVERAGE GOVERNMENT AND PATIENT COST/DAY	4,107.78	2,327.12	4,916.14	4,774.21

EMERGENCY MEDICAL TREATMENT (MAY, 1961 AND PROFESSIONAL SERVICES IMPATIENT)	120	49	49	218
ADMISSIONS	120	49	49	218
AVERAGE LENGTH OF STAY	3.7	107	5.09	4.89
AVERAGE DAILY PATIENT LOAD	4.00	5.05	5.09	4.89
TOTAL PATIENT COST	331,223	148,641	372,671	852,535
TOTAL GOVERNMENT COST	331,223	148,641	372,671	852,535
TOTAL GOVERNMENT AND PATIENT COST	331,223	148,641	372,671	852,535
AVERAGE GOVERNMENT COST/DAY	4,107.78	2,327.12	4,916.14	4,774.21
AVERAGE GOVERNMENT AND PATIENT COST/DAY	4,107.78	2,327.12	4,916.14	4,774.21

EMERGENCY MEDICAL TREATMENT (MAY, 1961 AND PROFESSIONAL SERVICES IMPATIENT)	120	49	49	218
ADMISSIONS	120	49	49	218
AVERAGE LENGTH OF STAY	3.7	107	5.09	4.89
AVERAGE DAILY PATIENT LOAD	4.00	5.05	5.09	4.89
TOTAL PATIENT COST	331,223	148,641	372,671	852,535
TOTAL GOVERNMENT COST	331,223	148,641	372,671	852,535
TOTAL GOVERNMENT AND PATIENT COST	331,223	148,641	372,671	852,535
AVERAGE GOVERNMENT COST/DAY	4,107.78	2,327.12	4,916.14	4,774.21
AVERAGE GOVERNMENT AND PATIENT COST/DAY	4,107.78	2,327.12	4,916.14	4,774.21

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S. CARE COVERED BY OTHER HEALTH INSURANCE CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER, CARE BY A CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

APPENDIX H (HEALTH CARE SUMMARY)

HR085-007 (OHRJ60)
 RUN DATE: 29 JAN 1991
 RUN TIME: 16:20:07
 MODE: 78.BENE ZIP

CHAMPUS HEALTH CARE SUMMARY BY PRIMARY DIAGNOSIS
 BASED ON CARE RECEIVED FROM OCT 1989 THRU SEP 1990
 023 - HAYS AN FT ORD, CA

PAGE
 COLLECTION PERIOD: 15 MONTH

UNDUPLICATED

	CATEGORY OF CARE - INTERNAL MEDICINE						
	ADVERSE REACTIONS	ALLERGY	CARDIOLOGY (VASCULAR DISEASE)	DERMATOLOGY	ENDOCRINOLOGY	GASTRO-ENTEROLOGY	HEMATOLOGY
I INPATIENT HOSPITAL SERVICES							
USER BENEFICIARIES	6	8	47	1	1	19	
DEPNT OF ACT DUTY SPONSOR	2	1	7	0	1	10	
RETIREE	0	0	18	0	0	7	
DEPNT OF RET OR DEC SPONSOR	4	6	1	1	1	21	
TOTAL HOSPITAL ADMISSIONS	6	7	63	1	2	85	
HOSPITAL DAYS	2,366	2,299	2,544	1	5	2,111	
AVERAGE LENGTH OF STAY (DAYS)	4.332	3.222	4.331	1.00	5.00	4.055	19.3
AVERAGE DAILY PATIENT LOAD	0.07	0.08	0.70	0.00	0.01	0.23	0.3
TOTAL GOVERNMENT COST	10,083	15,097	458,790	2,924	3,063	57,276	19,622
TOTAL PATIENT COST	2,471	1,870	52,761	129	129	11,437	11,778
TOTAL GOVT AND PATIENT COST	12,554	16,967	511,551	3,053	3,192	68,713	31,400
AVG GOVT COST PER ADMISSION	1,680.50	1,697.44	7,791.70	2,924.00	3,061.00	2,937.43	21,211.40
AVG GOVT COST PER DAY	387.81	520.59	1,606.26	2,924.00	612.60	673.84	1,390.8
II INPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	14	11	24	5	10	34	
DEPNT OF ACT DUTY SPONSOR	10	6	23	5	3	22	
RETIREE	0	0	4	0	0	6	
DEPNT OF RET OR DEC SPONSOR	4	5	40	5	7	7	
NUMBER OF VISITS	22	36	380	9	19	120	11
NUMBER OF NON-VISIT SERVICES	24	14	85	6	8	150	11
TOTAL GOVERNMENT COST	3,627	3,263	106,855	1,285	2,898	21,150	15,822
TOTAL PATIENT COST	1,426	983	18,859	817	1,130	28,453	2,722
TOTAL GOVT AND PATIENT COST	5,053	4,198	125,714	2,102	4,028	49,603	18,544
III TOTAL INPATIENT SERVICES							
USER BENEFICIARIES	18	12	109	5	10	43	
DEPNT OF ACT DUTY SPONSOR	11	7	27	0	3	25	
RETIREE	0	0	7	0	0	6	
DEPNT OF RET OR DEC SPONSOR	7	0	47	0	7	11	
TOTAL HOSPITAL COST	13,710	18,358	565,614	4,209	5,960	78,334	185,542
TOTAL PATIENT COST	3,898	1,806	128,610	942	1,275	20,130	19,521
TOTAL GOVT AND PATIENT COST	17,608	21,168	694,224	5,151	7,235	98,464	200,042
AVG GOVT COST PER ADMISSION	2,285.00	2,034.89	9,586.68	4,209.00	5,960.00	3,730.19	23,190.79
AVG GOVT COST PER DAY	527.31	633.07	2,226.83	4,209.00	1,192.00	921.58	1,520.79
IV OUTPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	642	444	1,026	1,662	407	1,016	14
DEPNT OF ACT DUTY SPONSOR	517	273	284	1,108	118	655	14
RETIREE	29	39	336	162	96	107	1
DEPNT OF RET OR DEC SPONSOR	97	133	407	394	194	255	1
NUMBER OF VISITS	692	1,270	1,968	1,987	830	1,179	3
NUMBER OF NON-VISIT SERVICES	588	411	891	1,287	850	1,179	3
TOTAL GOVERNMENT COST	78,476	51,411	203,888	140,451	56,889	182,793	137,916
TOTAL PATIENT COST	20,550	25,280	193,863	140,451	46,829	65,459	22,657
TOTAL GOVT AND PATIENT COST	99,026	76,691	397,751	280,902	103,718	248,252	160,573
AVG GOVT COST PER VISIT	113.40	38.97	105.49	70.85	68.54	155.04	417.99
V OUTPATIENT CARE COST SHARED AS INPATIENT							
USER BENEFICIARIES	0	0	0	0	0	0	
DEPNT OF ACT DUTY SPONSOR	0	0	0	0	0	0	
RETIREE	0	0	0	0	0	0	
DEPNT OF RET OR DEC SPONSOR	0	0	0	0	0	0	
TOTAL GOVERNMENT COST	0	0	0	0	0	0	
TOTAL PATIENT COST	0	0	0	0	0	0	
TOTAL GOVT AND PATIENT COST	0	0	0	0	0	0	
VI TOTAL INPATIENT AND OUTPATIENT CARE							
USER BENEFICIARIES	650	445	1,061	1,664	413	1,039	14
DEPNT OF ACT DUTY SPONSOR	523	274	295	1,108	121	670	14
RETIREE	29	39	370	162	96	107	1
DEPNT OF RET OR DEC SPONSOR	99	134	454	394	194	255	1
TOTAL HOSPITAL COST	92,185	71,124	773,428	164,398	62,869	261,193	322,878
TOTAL PATIENT COST	24,448	18,086	164,673	140,451	108,658	85,589	37,178
TOTAL GOVT AND PATIENT COST	116,633	89,210	938,101	304,849	171,527	346,782	360,056

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

HHHS-007 (OHRJ6Q)
 RUN DATE: 29 JAN 1991
 RUN TIME: 16:20:07
 MODE: 78,BENE ZIP

CHAMPUS HEALTH CARE SUMMARY BY PRIMARY DIAGNOSIS
 BASED ON CARE RECEIVED FROM OCT 1989 THRU SEP 1990
 023 - HAYS AN PT ORD, CA

PAGE: 1
 COLLECTION PERIOD: 15 MONTHS
 UNDUPLICATE

CATEGORY OF CARE - INTERNAL MEDICINE							
	INFECTIOUS DISEASE	NEPHROLOGY	NEUROLOGY	NUTRITIONAL	PULMONARY/RESPIRATORY	RHEUMATOLOGY	OTHER
I INPATIENT HOSPITAL SERVICES							
USER BENEFICIARIES	3	8	15	0	43	4	114
DEPNT OF ACT DUTY SPONSOR	1	1	1	0	1	1	14
RETIREE	1	1	1	0	1	1	1
DEPNT OF RET OR DEC SPONSOR	1	1	1	0	1	1	1
TOTAL HOSPITAL ADMISSIONS	1	1	1	0	1	1	1
HOSPITAL DAYS	1	1	1	0	1	1	1
AVERAGE LENGTH OF STAY (DAYS)	5.00	8.12	7.33	0.00	21.46	9.44	5.94
AVERAGE DAILY PATIENT LOAD	5.00	8.12	7.33	0.00	21.46	9.44	5.94
TOTAL GOVERNMENT COST	5,709	63,918	73,589	0.00	215,479	23,000	569,210
TOTAL PATIENT COST	5,709	63,918	73,589	0.00	215,479	23,000	569,210
TOTAL GOVT AND PATIENT COST	6,129	67,107	77,731	0.00	244,686	31,540	578,392
AVG GOVT COST PER ADMISSION	1,996.33	7,996.13	4,995.80	0.00	5,000.79	4,601.00	5,082.24
AVG GOVT COST PER DAY	399.27	984.14	634.37	0.00	1,001.76	511.22	871.69
II INPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	8	12	30	6	81	11	1
DEPNT OF ACT DUTY SPONSOR	6	1	14	2	24	0	6
RETIREE	1	1	7	1	2	4	1
DEPNT OF RET OR DEC SPONSOR	1	1	9	1	2	7	1
NUMBER OF VISITS	56	75	117	3	37	10	13
NUMBER OF NON-VISIT SERVICES	1	50	178	1	1	1	1
TOTAL GOVERNMENT COST	6,119	12,859	46,208	1,401	48,248	10,598	14,809
TOTAL PATIENT COST	6,119	12,859	46,208	1,401	48,248	10,598	14,809
TOTAL GOVT AND PATIENT COST	7,635	16,977	67,888	1,976	64,856	25,901	22,218
III TOTAL INPATIENT SERVICES							
USER BENEFICIARIES	10	14	37	6	98	12	1
DEPNT OF ACT DUTY SPONSOR	8	10	20	2	24	0	6
RETIREE	1	1	7	1	2	4	1
DEPNT OF RET OR DEC SPONSOR	1	1	9	1	2	7	1
NUMBER OF VISITS	12,103	76,868	120,175	1,601	263,619	33,599	584,080
NUMBER OF NON-VISIT SERVICES	1	50	178	1	1	1	1
TOTAL GOVERNMENT COST	12,103	76,868	120,175	1,601	263,619	33,599	584,080
TOTAL PATIENT COST	12,103	76,868	120,175	1,601	263,619	33,599	584,080
TOTAL GOVT AND PATIENT COST	13,764	94,086	142,444	1,976	344,548	48,443	113,530
AVG GOVT COST PER ADMISSION	4,036.00	9,608.50	9,088.69	0.00	6,120.57	6,727.80	5,216.08
AVG GOVT COST PER DAY	807.20	1,182.58	1,038.99	0.00	1,226.11	746.64	894.47
IV OUTPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	864	53	660	29	1,859	298	1,124
DEPNT OF ACT DUTY SPONSOR	716	3	380	1	1,116	81	853
RETIREE	113	1	189	1	232	94	14
DEPNT OF RET OR DEC SPONSOR	113	1	189	1	232	94	14
NUMBER OF VISITS	1,014	21	1,104	3	2,410	144	2,517
NUMBER OF NON-VISIT SERVICES	76	20	14	1	2	5	2
TOTAL GOVERNMENT COST	76,533	26,020	14,885	1,885	223,645	58,925	145,843
TOTAL PATIENT COST	76,533	26,020	14,885	1,885	223,645	58,925	145,843
TOTAL GOVT AND PATIENT COST	102,756	37,171	20,222	2,976	308,449	91,864	69,025
AVG GOVT COST PER VISIT	75.48	122.16	111.12	57.12	91.93	62.09	58.00
V OUTPATIENT CARE COST SHARED AS INPATIENT							
USER BENEFICIARIES	0	0	0	0	0	0	0
DEPNT OF ACT DUTY SPONSOR	0	0	0	0	0	0	0
RETIREE	0	0	0	0	0	0	0
DEPNT OF RET OR DEC SPONSOR	0	0	0	0	0	0	0
TOTAL GOVERNMENT COST	0	0	0	0	0	0	0
TOTAL PATIENT COST	0	0	0	0	0	0	0
TOTAL GOVT AND PATIENT COST	0	0	0	0	0	0	0
VI TOTAL INPATIENT AND OUTPATIENT CARE							
USER BENEFICIARIES	872	59	671	31	1,897	304	1,124
DEPNT OF ACT DUTY SPONSOR	722	3	381	2	1,116	81	853
RETIREE	113	1	190	1	232	94	14
DEPNT OF RET OR DEC SPONSOR	113	1	190	1	232	94	14
NUMBER OF VISITS	88,414	102,888	269,412	3,486	485,829	92,147	724,988
NUMBER OF NON-VISIT SERVICES	77	20	14	1	2	5	2
TOTAL GOVERNMENT COST	88,414	102,888	269,412	3,486	485,829	92,147	724,988
TOTAL PATIENT COST	88,414	102,888	269,412	3,486	485,829	92,147	724,988
TOTAL GOVT AND PATIENT COST	176,828	205,776	538,824	6,972	971,658	184,294	849,976

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

HR005-007 (OHRJ6Q)
 RUN DATE: 29 JAN 1991
 RUN TIME: 16:20:07
 MODE: 78,BENE ZIP

CHAMPUS HEALTH CARE SUMMARY BY PRIMARY DIAGNOSIS
 BASED ON CARE RECEIVED FROM OCT 1989 THRU SEP 1990
 023 - HAYS AM FT ORD, CA

COLLECTION PERIOD: 15 MONTHS

UNDUPLICATION

CATEGORY OF CARE							
	DENTAL	OBSTETRICS	GYNECOLOGY	OPHTHALMOLOGY	PSYCHIATRY GROUP 1	PSYCHIATRY GROUP 2	SPECIAL PEDIATRICS
I INPATIENT HOSPITAL SERVICES							
USER BENEFICIARIES	0	106	25	3	47	34	1
DEPT OF ACT DUTY SPONSOR	0	100	21	0	26	28	1
RETIREE	0	0	4	0	16	4	0
DEPT OF RET OR DEC SPONSOR	0	112	25	0	5	2	0
TOTAL HOSPITAL ADMISSIONS	0	307	100	0	1,096	805	0
HOSPITAL DAYS	0	112	100	0	21,096	23,68	19,7
AVERAGE LENGTH OF STAY (DAYS)	0.00	2.74	4.00	1.67	3.00	23.68	19.7
AVERAGE DAILY PATIENT LOAD	0.00	0.64	0.27	0.01	1.00	23.68	19.7
TOTAL GOVERNMENT COST	0	208,435	71,831	8,420	462,841	216,406	478,87
TOTAL PATIENT COST	0	217,432	6,280	8,795	45,226	22,135	3,44
TOTAL GOVT AND PATIENT COST	0	424,867	78,111	17,215	508,067	238,541	480,10
AVG GOVT COST PER ADMISSION	0.00	1,661.03	2,682.44	2,800.67	8,900.79	6,364.88	31,778.0
AVG GOVT COST PER DAY	0.00	678.94	718.31	1,684.00	422.30	268.63	1,610.0
II INPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	1	240	48	11	37	29	0
DEPT OF ACT DUTY SPONSOR	0	224	35	6	22	14	0
RETIREE	0	0	1	0	6	2	0
DEPT OF RET OR DEC SPONSOR	0	119	12	10	373	124	1
NUMBER OF VISITS	1	1,456	282	66	6	6	5
NUMBER OF NON-VISIT SERVICES	1	1,456	282	66	6	6	5
TOTAL GOVERNMENT COST	1,315	160,171	31,827	10,997	28,210	8,149	83,47
TOTAL PATIENT COST	0	56,655	29,002	12,104	5,014	1,120	15,51
TOTAL GOVT AND PATIENT COST	1,315	216,826	60,829	23,101	33,224	9,269	98,98
III TOTAL INPATIENT SERVICES							
USER BENEFICIARIES	1	259	52	12	59	47	0
DEPT OF ACT DUTY SPONSOR	0	242	38	6	32	33	0
RETIREE	0	0	0	0	10	6	0
DEPT OF RET OR DEC SPONSOR	0	119	12	10	373	124	1
TOTAL GOVERNMENT COST	1,315	368,605	103,459	19,417	491,051	224,555	560,11
TOTAL PATIENT COST	0	85,655	13,282	19,417	50,240	23,249	18,94
TOTAL GOVT AND PATIENT COST	1,315	454,260	116,741	38,834	541,291	247,804	579,04
AVG GOVT COST PER ADMISSION	0.00	1,291.22	4,188.24	2,111.59	9,445.29	6,604.56	37,340.8
AVG GOVT COST PER DAY	0.00	1,200.67	1,034.39	3,683.40	448.04	278.45	1,892.0
IV OUTPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	128	214	1,162	326	678	498	0
DEPT OF ACT DUTY SPONSOR	111	207	602	321	440	356	11
RETIREE	4	0	3	5	59	44	0
DEPT OF RET OR DEC SPONSOR	13	8	358	358	185	99	11
NUMBER OF VISITS	141	126	1,162	1,162	4,567	3,604	41
NUMBER OF NON-VISIT SERVICES	141	126	1,162	1,162	4,567	3,604	41
TOTAL GOVERNMENT COST	12,555	1,100	252,246	148,150	297,513	226,044	18,974
TOTAL PATIENT COST	4,309	14,826	34,916	79,150	98,049	68,235	20,520
TOTAL GOVT AND PATIENT COST	16,864	1,214,826	287,162	227,300	395,562	294,279	39,494
AVG GOVT COST PER VISIT	89.04	960.32	160.12	106.36	65.14	62.72	455.0
V OUTPATIENT CARE COST SHARED AS INPATIENT							
USER BENEFICIARIES	0	2	0	0	0	0	0
DEPT OF ACT DUTY SPONSOR	0	0	0	0	0	0	0
RETIREE	0	0	0	0	0	0	0
DEPT OF RET OR DEC SPONSOR	0	0	0	0	0	0	0
TOTAL GOVERNMENT COST	0	35	0	0	0	0	0
TOTAL PATIENT COST	0	0	0	0	0	0	0
TOTAL GOVT AND PATIENT COST	0	35	0	0	0	0	0
VI TOTAL INPATIENT AND OUTPATIENT CARE							
USER BENEFICIARIES	128	378	1,183	930	710	528	0
DEPT OF ACT DUTY SPONSOR	111	359	612	626	457	356	11
RETIREE	4	0	3	5	59	44	0
DEPT OF RET OR DEC SPONSOR	13	21	363	363	194	106	11
TOTAL GOVERNMENT COST	13,870	482,650	355,404	167,575	788,564	450,599	748,87
TOTAL PATIENT COST	14,309	85,655	13,282	19,417	148,240	91,481	39,47
TOTAL GOVT AND PATIENT COST	28,179	568,305	368,686	186,992	936,804	542,080	788,34

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

HR085-007 (OHRJ6G)
RUN DATE: 29 JAN 1991
RUN TIME: 16:20:07
MODE: 7B,BENE ZIP

CHAMPUS HEALTH CARE SUMMARY BY PRIMARY DIAGNOSIS
BASED ON CARE RECEIVED FROM OCT 1989 THRU SEP 1990
023 - HAYS AN FT ORD, CA

PAGE:
COLLECTION PERIOD: 15 MONTH

UNDUPLICATED
GRAND TOTAL
FOR ALL
CATEGORIES

	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO- SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY	
I INPATIENT HOSPITAL SERVICES							
USER BENEFICIARIES	46	21	19	6	7		119
DEPNT OF ACT DUTY SPONSOR	10	10	10	3	4		37
RETIREE	1	1	1	1	1		5
DEPNT OF RET OR DEC SPONSOR	1	1	1	1	1		5
TOTAL HOSPITAL ADMISSIONS	10	10	10	3	4		37
HOSPITAL DAYS	10	10	10	3	4		37
AVERAGE LENGTH OF STAY (DAYS)	1.40	5.2	7.4	1.0	5.0		4.7
AVERAGE DAILY PATIENT LOAD	1.02	0.8	0.4	0.3	0.3		0.8
TOTAL GOVERNMENT COST	9,319	4,061	18,777	83,000	29,053	19,008	3,824,055
TOTAL PATIENT COST	9,319	4,061	18,777	83,000	29,053	19,008	3,824,055
TOTAL GOVT AND PATIENT COST	9,319	4,061	18,777	83,000	29,053	19,008	3,824,055
AVG GOVT COST PER ADMISSION	931.9	406.1	1,877.7	8,300.0	2,905.3	1,900.8	101,101.1
AVG GOVT COST PER DAY	1,331.29	1,516.38	1,022.49	681.72	584.43	2,881.50	5,784.50
II INPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	11	87	28	51	11	38	77
DEPNT OF ACT DUTY SPONSOR	7	45	10	23	1	10	46
RETIREE	3	3	3	1	4	1	11
DEPNT OF RET OR DEC SPONSOR	1	1	1	1	1	1	5
NUMBER OF VISITS	20	18	12	13	3	14	71
NUMBER OF NON-VISIT SERVICES	61	62	48	43	27	18	259
TOTAL GOVERNMENT COST	2,807	8,310	4,343	78,439	2,208	18,498	1,289,035
TOTAL PATIENT COST	2,807	8,310	4,343	78,439	2,208	18,498	1,289,035
TOTAL GOVT AND PATIENT COST	2,807	8,310	4,343	78,439	2,208	18,498	1,289,035
III TOTAL INPATIENT SERVICES							
USER BENEFICIARIES	12	108	33	54	12	40	269
DEPNT OF ACT DUTY SPONSOR	8	55	10	26	1	20	130
RETIREE	3	3	3	1	4	1	16
DEPNT OF RET OR DEC SPONSOR	1	1	1	1	1	1	6
TOTAL GOVERNMENT COST	19,113	470,234	230,760	160,019	35,267	38,537	4,680,482
TOTAL PATIENT COST	21,708	588,334	298,409	232,189	4,561	38,537	5,711,903
TOTAL GOVT AND PATIENT COST	40,821	1,058,568	529,169	392,208	39,828	77,074	10,392,385
AVG GOVT COST PER ADMISSION	3,825.20	9,405.88	10,498.18	8,000.58	7,021.20	5,505.89	101,101.1
AVG GOVT COST PER DAY	2,722.29	1,754.88	1,408.29	1,194.50	1,368.46	1,243.13	5,784.50
IV OUTPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	3,043	1,963	160	7,144	24	1,228	15,562
DEPNT OF ACT DUTY SPONSOR	2,531	1,274	58	1,222	4	805	4,894
RETIREE	194	188	38	280	9	110	719
DEPNT OF RET OR DEC SPONSOR	72	50	64	64	11	24	234
NUMBER OF VISITS	5,532	2,273	89	5,796	100	1,516	13,126
NUMBER OF NON-VISIT SERVICES	1,710	1,534	4	1,763	1	1,516	5,528
TOTAL GOVERNMENT COST	34,129	8,325	210,763	50,333	16,700	3,535	4,568,104
TOTAL PATIENT COST	41,788	4,851	249,407	79,840	16,700	4,535	6,204,639
TOTAL GOVT AND PATIENT COST	75,917	13,176	460,170	130,173	33,400	8,070	10,772,743
AVG GOVT COST PER VISIT	61.67	156.40	234.40	87.04	167.00	234.52	101.94
V OUTPATIENT CARE COST SHARED AS INPATIENT							
USER BENEFICIARIES	0	0	0	0	0	0	0
DEPNT OF ACT DUTY SPONSOR	0	0	0	0	0	0	0
RETIREE	0	0	0	0	0	0	0
DEPNT OF RET OR DEC SPONSOR	0	0	0	0	0	0	0
TOTAL GOVERNMENT COST	0	0	0	0	0	0	0
TOTAL PATIENT COST	0	0	0	0	0	0	0
TOTAL GOVT AND PATIENT COST	0	0	0	0	0	0	0
VI TOTAL INPATIENT AND OUTPATIENT CARE							
USER BENEFICIARIES	3,055	2,016	171	7,157	27	1,241	15,679
DEPNT OF ACT DUTY SPONSOR	2,543	1,286	61	1,234	4	815	4,929
RETIREE	194	191	42	281	10	111	720
DEPNT OF RET OR DEC SPONSOR	72	51	65	65	12	25	270
TOTAL GOVERNMENT COST	34,338	8,714	211,280	50,650	16,712	3,560	4,694,622
TOTAL PATIENT COST	41,900	4,902	249,614	79,999	16,712	4,560	6,209,809
TOTAL GOVT AND PATIENT COST	76,238	13,616	460,894	130,649	33,424	8,120	10,904,431

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

APPENDIX I

SUMMARY OF COSTS/WORKLOAD

	<u>Total Exp</u>	<u>OBD's</u>	<u>Cost Per OBD's</u>	<u>Total Admiss.</u>	<u>Cost Per Admiss.</u>	<u>ALOS</u>
MEPRS	2449541	4844	505.69	1628	1504.63	3.0
CHAMPUS	314365	272	1155.75	98	3207.80	2.77

APPENDIX J

INPATIENT SPECIALTY FORT ORD ARMY HOSPITAL, FY 1990

UCA CODE	DESCRIPTION
AAAA	INTERNAL MEDICINE
AABA	CARDIOLOGY
AAFA	GASTROENTEROLOGY
AAHA	INTENSIVE CARE MICU
AAJA	NEUROLOGY
ABAA	GENERAL SURGERY
ABCA	INTENSIVE CARE SICU
ABEA	OPHTHALMOLOGY
ABFA	ORAL SURGERY
ABGA	OTORHINOLARYNGOLOGY
ABKA	UROLOGY
ACAA	GYNECOLOGY
ACBA	OBSTETRICS
ADAA	PEDIATRICS
ADBA	NURSERY
AEAA	ORTHOPEDICS
AEBA	PODIATRY
AFAA	PSYCHIATRY

APPENDIX K (GLOSSARY)

1. MTF - Military Treatment Facility
(same as Military Hospital)
2. DoD - Department of Defense
3. ALOS - Average Length of Stay
4. FY - Fiscal Year
5. OBD - Occupied Bed Day
6. NAS - Non Availability Statement
7. CHAMPUS - Civilian Health and Medical Program of the
Uniformed Services
8. DEERS - Defense Eligibility and Enrollment Reporting
System
9. MEPRS - Medical Expense and Performance Reporting System

LIST OF REFERENCES

1. Office of Civilian Health and Medical Program for the Uniformed Services (OCHAMPUS), CHAMPUS Handbook, Aurora, Colorado, July 1990.
2. Office of Civilian Health and Medical Program for the Uniformed Services (OCHAMPUS), CHAMPUS Chartbook of Statistics, Aurora, Colorado, August 1990.
3. Rand Corporation Report N-2647-HA, Plan for an Evaluation of the CHAMPUS Reform Initiative, by Hosek, S.D., and others, July 1987.
4. Willis, G., "Scarcer Resources May Create Pay, Benifits, PCS Problems," Navy Times, 05 April 1991.
5. Nelson, S.S., "New Managed Medical Plan - Sign Up or B e Penalized," Navy Times, 29 April 1991.
6. Office of the Director Palo Alto Veterans Medical Center UNCLASSIFIED Letter 640/11C to Monterey County Veterans Services, Subj: Veterans Eligibility - Veterans Health Care Amendment 99-272, June 6, 1990.
7. Delta Dental Plan of California (DDP*DELTA), Summary Plan Description Booklet, Sacramento, California, August 1990.
8. Center for Naval Analyses Report CRM 89-257, Comparing MTF and CHAMPUS Costs Using Patient Treatment Protocols, by May, L.J., and others, February 1990.
9. Rand Corporation Report N-3069-HA, Preliminary Results from an Evaluation of the CHAMPUS Reform Initiative, by Hosek, S.D., and others, January 1990.
10. Center for Naval Analyses Report CRM 90-7, Estimating the Cost Effectiveness of Recapturing CHAMPUS Workload, by Laurie J. May, May 1990.

INITIAL DISTRIBUTION LIST

- | | |
|--|---|
| 1. Defense Technical Information Center
Cameron Station
Alexandria, Virginia 22304-6145 | 2 |
| 2. Library, Code 52
Naval Postgraduate School
Monterey, California 93943-5002 | 2 |
| 3. Dr. Dan Trietsch
Code AS/TR
Naval Postgraduate School
Monterey, California 93943-5002 | 1 |
| 4. LCDR Ken Steiner, USN
Code AS/ST
Naval Postgraduate School
Monterey, California 93943-5002 | 1 |
| 5. Commanding Officer
Health Sciences Education and
Training Command, Code MSC-2
National Naval Medical Center
Bethesda, Maryland 20814-5022 | 1 |
| 6. USA MEDDAC
Attn:Mr. Terry Williams
HSXT-RMD
Silas B. Hays Army Hospital
Fort Ord, California 93941 | 1 |
| 7. LT Julito P. Lalan, MSC, USNR
4927 Springwood Circle
Fairfield, California 94585 | 1 |